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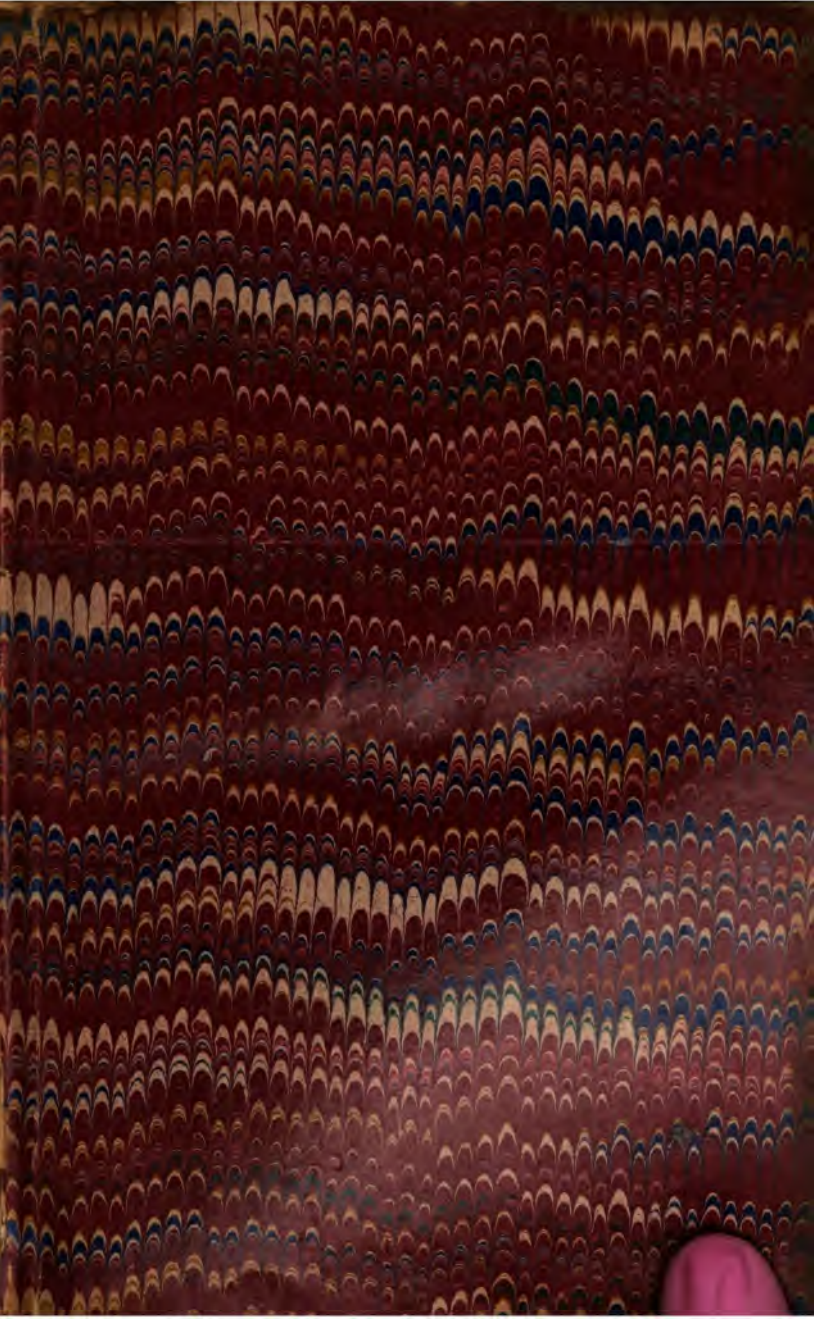
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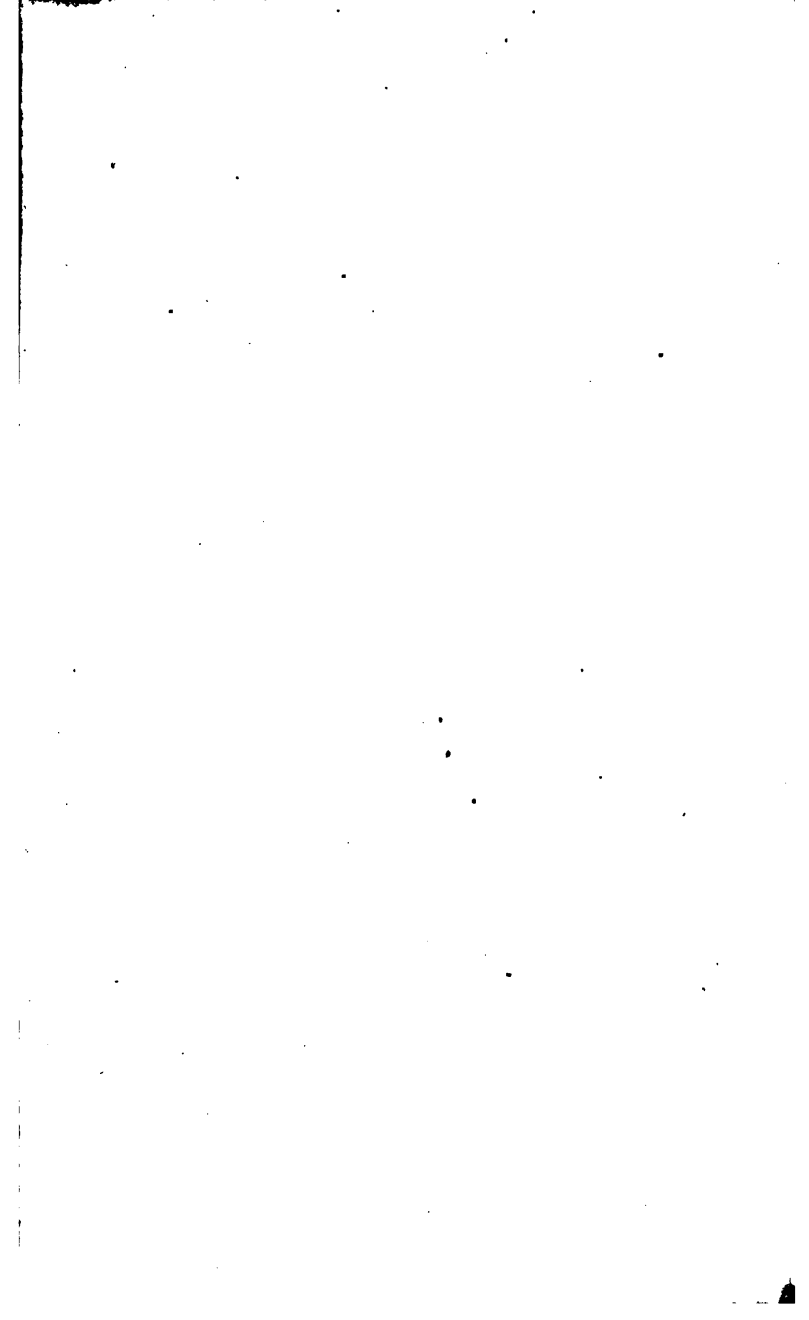
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H. 616.08

H. 33 (1)



HARTMANN'S  
THEORY  
OF  
CHRONIC DISEASES  
AND THEIR  
HOMŒOPATHIC TREATMENT.

THIRD GERMAN EDITION,

REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.

TRANSLATED, WITH ADDITIONS,

AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,

BY CHARLES J. HEMPEL, M. D.

VOL. III.

NEW-YORK:

WILLIAM RADDE, 322 BROADWAY,  
PHILADELPHIA:—O. L. RADEMACHER, 230 ARCH-ST.  
BOSTON:—OTIS CLAPP, 12 SCHOOL-ST.  
ST. LOUIS:—FRANKSEN & WESSELHOEFT.

1849.

Entered, according to Act of Congress, in the year 1849, by

**WILLIAM RADDE,**

In the Clerk's Office of the District Court of the United States for the  
Southern District of New-York.

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H. LUDWIG & Co., Printers,  
70 Vesey-st., N. Y.

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## NOTICE TO THE READER.

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The Organon referred to in this volume will be published in the course of the year.

The second and last volume of Hartmann's Chronic Diseases, being the fourth volume of the whole work, will appear very shortly.

HÄMPEL.

*New-York, March, 1849.*





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JAMES R. MANLY, M. D.

New-York, September, 7, 1842.

Certificate of John F. Gray, M. D., formerly Resident Physician to the New-York Hospital, Lecturer on the Theory and Practice of Physic, Censor of the State and New-York Medical Societies, etc., etc.

I am very glad to find the press engaged in diffusing a knowledge of the German medical literature in this country. At the head of the German books of practice stands this book of the good Hufeland. Mr. Bruchhausen and Dr. Nelson have laboured with diligence and good faith in rendering the *Enchiridion*; and so far as I have had leisure to compare their work with the original, I find no error of magnitude. Another edition will, no doubt, be called for soon, and then the worthy American curators can dispense with the somewhat meagre characteristic given to it by their too close adherence to the letter of the author. I heartily wish success to the good enterprise.

JOHN F. GRAY, M. D.

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A. GERALD HULL, M. D.

New-York, September 12, 1842.

I have looked over the *Enchiridion Medicum* of Professor Hufeland. It is an excellent compendium of German Practice, and will be found a valuable vade mecum to the student and practitioner. It can profitably be perused, and ought to be in the hands of all physicians. The justly distinguished reputation of the author will make it a work generally sought for.

VALENTINE MOTT, M. D.

New-York, September, 1842.



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## INTRODUCTORY REMARKS

TO THE

### CHRONIC DISEASES.

§ 1. DISEASES have been arbitrarily divided into acute and chronic. We have adopted this division, not because we deem it of importance, but because we consider it as a suitable starting-point, and because we did not wish to depart from Hahnemann's own arrangement. It is well known, besides, that authors differ a good deal in regard to that division, and that every author prefers his own opinions on that subject to those of any other. Whatever classification an author may adopt, the physician will find himself obliged to study his work in order to become acquainted with the author's arrangement. The present work likewise requires to be studied. We trust that we shall be excused for having observed the common mode of dividing diseases; we have no particular reason to assign for such a division.

The division of diseases into acute and chronic is particularly interesting to the homœopathic physician, inasmuch as the magnitude and repetition of doses have a good deal to do with it. Acute diseases require larger doses and lower preparations than chronic. Higher preparations in chronic diseases need not to be repeated as frequently as in acute diseases. We have never had occasion to regret having followed Hahnemann's example in the treatment of chronic diseases. His eminent success in the treatment of this class of



diseases did not so much depend upon his antipsorics as upon the great care and caution with which he determined the magnitude and repetition of the dose.

Homœopathic physicians should avail themselves of the means which the recent improvements in physiology and pathology have furnished us, to establish a more correct diagnosis of the various diseases which physicians are called upon to treat. What a pity that the modern discoveries in those sciences have not led to any great practical results in the hands of allœopathic physicians! It may even be said that they have done mischief, inasmuch as they have completely demolished the tottering faith of some of the best thinkers of the allœopathic school in their *Materia Medica*. A more correct knowledge of the true character of disorganizations and morbid products showed conclusively that the curative resources of the allœopathic *Materia Medica* were insufficient to restore the original healthy condition of the diseased part, and those physicians had therefore to content themselves with offering the patients learned dissertations on the nature of their sufferings, without being able to afford any relief. To the homœopathic physician, however, the investigations of physiologists and pathologists are not lost. They extend his knowledge of the curative relations existing between his remedies and the disease, and enable him to build his science of therapeutics upon a sure and permanent foundation.

§ 2. Before proceeding to a description of the treatment of chronic diseases, we shall first discuss

#### HAHNEMANN'S VIEWS

on the nature of those diseases, and afterwards show how their treatment is to be conducted in accordance with Hahnemann's views.

His disciples, and still more his opponents, must have wondered that, after having condemned in such absolute terms the generalizations, terminology and hypotheses of the old school, he should have indulged in

apparently similar speculations, and should thus have exposed himself to the sneers of his opponents. Nevertheless, upon a more careful examination of the theories which he has laid down in the first volume of his *Chronic Diseases*, and which are supported by inexhaustible stores of learning, powerful arguments, and even the authority of the Sacred Scriptures: the aspersions which prejudiced and malicious adversaries have endeavoured to cast upon Hahnemann, evaporate into thin clouds.

When Hahnemann first commenced treating chronic diseases according to the homœopathic method, he had developed his doctrine to a considerable extent; a large number of drugs had already been proved by him and his disciples, and he had become satisfied that, in spite of the general superiority of the homœopathic healing art, the treatment of chronic diseases by that method was unsatisfactory in the end. In 1817 and 1818, I had frequent opportunities of hearing patients examined by Hahnemann, who generally asked them whether they had had the itch. Since then I never omitted asking a similar question, and frequently cured a chronic malady with Sulphur or Hepar s., even before Hahnemann's *Chronic Diseases* had made their appearance. Hahnemann viewed chronic diseases differently from what physicians generally were in the habit of doing. He supposed that they were occasioned by some chronic miasm, in most cases of a psoric nature, and that the chronic character of that miasm was sufficiently proved by the fact, that even a robust constitution and the strictest diet were unable to overcome it, or even to prevent its gradually developing more and more dangerous symptoms. The psoric malady may exist with or without a cutaneous eruption; the remedies which Hahnemann proposes to employ against psoric diseases, are designated by the term "*anti-psorics*." The cures which he effected by means of these anti-psoric remedies, confirmed him in the opinion, that the various cutaneous eruptions, adventitious formations from the simple wart to the

largest tumors, from distorted nails to curvature of the spine, and swelling and softening of bones, frequent bleeding at the nose, blind or flowing piles, hæmoptoë, hæmatemesis, hæmaturia, too scanty or too copious menstruation, night-sweats, parchment-like dryness of the skin, diarrhœa of several years' standing, constitutional costiveness and constipation, chronic pains, convulsions, returning for a successive number of years, and a host of diseases which pathologists have distinguished by a variety of names, are, for the most part, of a psoric origin. The experience of later years, so far from impairing his convictions on the subject of psora, furnished him additional proofs for his theory, that by far the vast majority of all chronic maladies, no matter how diversified the symptoms, are ramifications of one common fundamental miasm, *psora*.

§ 3. According to Hahnemann, all chronic diseases originate in three different miasms, characterized by distinct symptoms, viz.: syphilis, sycosis, and psora.

Psora is the oldest, most general, most pernicious, and nevertheless least known, chronic-miasmatic (contagious) disease, which formerly showed itself in the form of lepra, herpes, St. Anthony's fire, etc., and, being suppressed by external means, continued to exist in a latent state and gave rise to mental and nervous diseases, paralysis, consumption, etc. Seven-eighths of all chronic diseases arise from psora; the remainder are occasioned by the syphilitic or sycotic miasm, or by a combination of the three. By cleanliness, better diet, etc., the external form of psora gradually improved, until, towards the beginning of the fifteenth century, it assumed the form of the present itch. Mankind, however, were not much benefitted by the change, inasmuch as the custom of suppressing the eruption by artificial means continued, and the psoric disease broke forth, after weeks, months, or years, in a new and much more dangerous and distressing form. This modern itch sometimes disappears even spontaneously as it were, in consequence

of some sudden emotion, fright, chagrin, a cold, the use of tepid or mineral baths, a fever or some other acute disease, a diarrhœa, deficient activity of the skin ; this kind of spontaneous suppression is attended with the same evil consequences as a suppression by washes, ointments, or other artificial means. The diseases which follow a suppression of the itch, are not much less dangerous than those that attended a violent suppression of the ancient lepra ; though these latter diseases were not much better known than the acute and chronic post-scabial affections are at present.

§ 4. An acute contagious disease frequently disappears again after two or three weeks, even without treatment ; chronic miasmatic (contagious) diseases can only be removed by medicine. The infection takes place at the moment when the epidermis comes in contact with the eruption, the whole organism being tainted all at once. This is likewise the case in syphilis. Washes, caustics, etc., are useless, for the infection remains. As soon as a single itch-pustule makes its appearance upon the skin, the whole organism is affected ; that pustule is the product of the internal disease, which is held in check by the vicarious representative upon the skin, and would become worse if the external symptom were removed by artificial means. The cause of the itch being so universal is, that everybody is liable to the infection. If the disease be left undisturbed, the number of pustules keeps increasing, and, as vicarious symptoms, they are necessary to the relative well-being of the organism. Their violent suppression is attended with dangerous consequences, which do not always develop themselves immediately, particularly in cases of recent itch, but scarcely ever fail to make their appearance sooner or later, and to disturb the organism to the last moment of the patient's life. These post-scabial diseases affect every system, the sensitive, irritable and reproductive ; the principal are : Frequent discharge of ascarides, with creeping in the anus, particularly

in the case of children ; frequent distention of the abdomen ; alternation of canine hunger and loss of appetite ; paleness of the face and relaxation of the muscles ; frequent ophthalmia ; styes ; swelling of the cervical glands ; sweaty head ; epistaxis, more in young than in old people ; cold or sweaty hands ; burning in the palms of the hands ; profuse sweats about the feet ; frequent going to sleep of the extremities ; frequent cramp in the muscles of the extremities ; subsultus of parts of muscles ; frequent catarrh ; fluent or dry coryza ; stoppage of the nose ; troublesome dryness of the nose ; scurfs in the nose ; frequent inflammation of the throat and hoarseness ; hacking cough ; paroxysms of dyspnœa ; liability to take cold ; liability to strain a limb ; frequent attacks of megrim or toothache ; frequent flushes of heat in the face, with or without anxiety ; falling off of the hair ; scales on the head ; disposition to erysipelas ; menstrual irregularity ; starting of the limbs on going to sleep ; weariness after sleep ; disposition to sweat in the day-time ; coated, pale, or cracked tongue ; a good deal of phlegm in the throat ; fetid smell from the mouth ; sour taste ; morning nausea ; sensation of emptiness in the stomach ; aversion to warm food ; dryness in the mouth ; frequent colic ; costiveness or diarrhœa ; blind or flowing hæmorrhoids ; dark urine ; varices on the extremities ; chilblains, with pain, even in the summer season ; painfulness of the corns, even without the shoes pinching ; liability to sprain a limb ; cracking of the joints during motion ; drawing, tensile pains in the nape of the neck, back, limb, particularly in the teeth ; reappearance of the pains during rest, and cessation of the same during motion ; return and aggravation of the pains at night, or when the barometer is very low, during a cold and raw wind, in the winter season or towards the commencement of spring ; restless, too vivid dreams ; unhealthy skin ; frequent boils or panaritia ; dry skin of the extremities, or cheeks ; scaling off of the skin in different parts, sometimes accompanied with itching and burning ;



breaking out of vesicles, which gradually fill with pus, at first causing a voluptuous itching, then a burning.

These are some of the lighter ailments caused by the suppression of the itch; they may last for years without causing any serious trouble, until old age sets in or some accidental cause develops them into more serious disorders, some of which are the following:

Asthma, with or without general swelling; suffocative catarrh; suffocative asthma; asthma and hydrothorax; pleurisy and cough; violent cough; hæmoptoë; hæmoptoë and phthisis; accumulation of pus in the chest; abscesses in the omentum; disorganization of viscera; hydrocephalus; ulceration of the stomach; sphacelus of the stomach and duodenum; anasarca; swelling of the scrotum; red swelling of the whole body; jaundice; swelling of the parotid glands; obscuration of sight and presbyopia; cataract; amaurosis; dimness of sight; enteritis; diabetes; suppression of urine; erysipelas; acrid, ichorous discharges; ulcers; caries of bones; swelling of the femur and tibia in the knee-joint; bone-pains; rachitis and atrophy of children; fevers; tertian and quartan fevers; vertigo and complete failing of strength; epileptic vertigo; convulsions; epilepsy; apoplexy; paralysis; melancholy; mania, etc.

§ 5. According to Hahnemann, the itch-miasm is the most contagious, so much so that physicians, simply from feeling the pulse, have carried it from one place to another. It has even been communicated by linen which had been washed together with the linen of itch-patients, or by gloves or towels that had been touched only once by such patients; even infants, while passing through the vulva, took the disease from the mother or nurse. We need not mention all the various circumstances under which the disease is contracted.

Unfortunate race, to be thus continually exposed, without being able to ward off the evil! Can it really be supposed that a kind Providence should have allowed

this disastrous miasm, psora, to infect, unopposed, every living organism? May not many of the symptoms which Hahnemann sets down as post-scabial diseases, owe their existence to an entirely different cause? According to Hahnemann, every body is tainted with psora, for there is scarcely any of us that has not had a pimple or pustule on his skin. It is evident that the psora-theory, which is undoubtedly true in many respects, has been stretched too far by Hahnemann.\* But even if it were entirely erroneous, we owe a number of excellent remedies to that theory. Its undue extent is partly owing to the fact, that Hahnemann set down all the diseases which happened to yield to one of those remedies, as psoric.

§ 6. Let us now briefly state Hahnemann's views of the treatment of psoric maladies, which the reader will find fully detailed in the first volume of the *Chronic Diseases*.

The itch-pustule is at first a transparent vesicle, which gradually fills with pus, and is surrounded with a narrow red border. If it should be ever so small, like a little pimple, or if it should look like scattered pimples or scurf, there can be no doubt of its being the itch, provided the patient (whether a child or full-grown person) complains of an intolerably voluptuous itching of the eruption, particularly towards evening and at night, and scratches incessantly, which is followed by a painful burning. As soon as the itch-pustule is perceived, the whole malady can be thoroughly and permanently cured in two or three weeks by one or two pellets of a high attenuation of Sulphur. In some cases, a dose of highly-potentized *Carbo animalis* or *Sepia* is required. If the disease should have lasted a long time, and the eruption should still be upon the skin, one dose of Sulphur is not sufficient. Before a second dose, however, is adminis-

\* I refer the reader to my new work on Homœopathy, now in press, where abundant evidence will be furnished of the fact, that a great many diseases which Hahnemann considers of psoric origin, are owing to an entirely different cause.—*Hempel*.

tered, the patient should first take a dose of *Nux vom.*, to quiet the nervous irritability which might otherwise injure the good effects of the Sulphur. The *Nux* is particularly requisite when the patient is inconvenienced by the open air, when he is too much disposed to sit or lie down, and obstinately opposes the wishes of other people. The second dose of Sulphur should be allowed to act 36 or 40 days, and will not fail to effect a cure, particularly when the patient complains of costiveness, with knotty stool and frequent, ineffectual urging.

To those who might feel disposed to find fault with the plan of beginning a treatise on chronic diseases with the treatment of cutaneous eruptions, which is generally placed at the end in the ordinary therapeutic manuals, I would observe that I have adopted the present arrangement in accordance with the views of Hahnemann, who considers those eruptions as the prime cause of all chronic maladies.

## NINTH CLASS.

### CHRONIC CUTANEOUS ERUPTIONS. IMPETIGINES.

Peter Frank called the chronic cutaneous diseases, impetigines, in contra-distinction from the acute, which he called exanthemata.

Physiological character: Their seat is the skin, particularly the epidermis, corpus papillare, rete malpighianum. Quantitative and qualitative alteration of the cutaneous secretions. Tendency of the altered secretion to assume an organic form. We distinguish the following periods: germ, development, efflorescence, maturity, desquamation. The impetigines require for their development two stimuli: breathable air, of which the higher forms of impetigines require a larger supply than the lower, and a certain temperature. If these stimuli should be removed, internal

organs are invaded and other diseases set in, such as : tubercles of the lungs, carcinomatous ulcers.

The anatomical character is but imperfectly known ; it is confined to the alterations in the skin, which are of a twofold kind : the epidermis is either in a state of pappy softening and liquefaction, as is the case in the diseases which belong to the genus *amorpha* ; or it is thick, without transparency, composed of lamellæ, or of a horny consistence, as in *ptyriasis*. The alteration is not confined to the epidermis, but extends to the rete vasculosum and malphigianum ; in this case new formations arise, which Schönlein denominates impetiginous products, (fruits,) and in which he distinguishes the pericarpium and the product (fruit) proper. The pericarpium is distinguished from the healthy skin by its consistence, colour, and appearance ; the product (fruit) arises out of the pericarpium. At times this is of a pale-red, at times of a dark-red or copper-colour, according to the genus of the disease and the age of the patient ; it is circular, or angular, or forming streaks ; sometimes the whole pericarpium is changed to fruit ; at other times they increase simultaneously, etc.

The fruit is distinguished into the capsule formed by the epidermis, and the contents. The former is either globular, conical or acuminate ; in some cases it is of the consistence of leather, in others it tears easily. With respect to colour, the contents are at times honey-coloured, at others lemon-coloured, at times brown, at others again gray ; with respect to consistence, they are sometimes like water, at other times like syrup, at others again like thick pap, etc. ; by means of the microscope we even discover infusoria, in scabies, for instance.

Vascular excitement is scarcely ever present, except when the impetigo develops itself rapidly ; in this case the eruption is frequently preceded by a feverish excitement, which continues to some extent even after the breaking out of the impetigo ; fever is likewise present when the eruption covers a large portion of the skin, and lastly, when the patients are

feeble, irritable individuals. The fever is generally erethic, scarcely ever synochal, and still less frequently does it assume the form of torpor. The reproductive sphere is frequently the greatest sufferer, inasmuch as the cutaneous affection prevents the proper reproduction of the other tissues; hence the impetiginous cachexia which is most perceptible upon the skin that looks pale, with a livid tinge.

Etiology: Hereditary disposition, age, scrofulous diathesis. Exciting causes: the long-continued use of certain medicines, such as: Sulphur, Copaiva, Turpentine, Antimonial preparations, Mercury; uncleanness, neglect of the skin.

Prognosis: generally favourable; it depends upon the form, duration of the malady; the older the impetigo, the more difficult the cure; it likewise depends upon the age of the patient: impetigo is most easily cured at the age of pubescence, less easily in children or old people; upon the condition of the skin: the drier the skin, the greater the tendency to crack, the more difficult the cure; the moister the skin, the easier the cure. The prognosis is unfavourable when ulceration has set in, and still more so when the original eruption had been suppressed and secondary diseases have made their appearance.

Let us now proceed to the consideration of the primary form of all impetiginous diseases, scabies.

§ 7. *Scabies vesicularis, or lymphatica. Common itch.*

It makes its appearance in the shape of small vesicles, which are filled with a clear fluid and surrounded with a narrow, bright-red border. They itch violently, and first break out between the fingers, on the inner side of the wrist-joints, and on the epigastrium; afterwards on the buttocks and in the bends of the joints. If the disease last a sufficient time, it spreads over the whole trunk, leaving the face entirely free, which is a characteristic of the itch; the violent itching, particularly in the evening, in bed, the

continual successive breaking out of new pustules, the contagious character, and the absolute unwillingness of the disease to disappear of itself, are likewise characteristic properties of the itch. The appearance of the eruption is altered by the frequent scratching of the patient, which is induced by the excessive itching, particularly in bed and on coming out of the cold air into a warm room. In consequence of the scratching, blood and fluid get mixed up together, dry on the vesicles, and form red-brown or blackish thick scurfs, which make the patients look as if they had had their skin lacerated with blows.

Upon examining the itch before the eruption has been altered by salves and the like, it will be perceived that a fine line or canal extends from a number of the little vesicles, particularly on the fingers, under the epidermis, and terminates in a small, dark point. Upon raising the point, by separating it from the epidermis by means of a fine needle which is obliquely pushed under the latter organ, an exceedingly minute animalcule, of quick motions, is discovered in the point. This animalcule, the *acarus scabiei* or *sarcoptes hominis*, is a few lines in length, and, if placed under the microscope, shows a roundish, white, striped, turtle-shaped body, which is somewhat contracted from side to side, with a back covered with stiff little warts. Of its eight feet, the four fore-feet are placed near the head in the place of hands as it were; the four back-feet are far apart. The back feet are attached to the body, longer than the latter, cylindrical and without clasp-plates; the clasp-plates of the fore-feet are simple. The fore-feet and head can be concealed under the breast-plate (*Canstatt*).

§ 8. The itch is scarcely ever spontaneous, nor is it always engendered by filth. The disease is sometimes communicated to tailors, cloth-makers and cloth-shearers, by handling wool mixed up with dirt; it is likewise met among carpenters who are obliged to handle a good deal of copal-varnish, and among shoe-makers who are constantly dirtying their hands with

pitch and hemp. The most frequent mode of communication is by contact, particularly by means of wool and woollen things to which the itch-contagium remains most easily attached; a certain duration of its action, and a sufficient temperature, are, however, required to secure the infection. According to my observations, the itch is not near as easily communicated as Hahnemann supposes; it is at least very difficult to prove that a communication has ever taken place through a mere caress, or while the child, covered with mucus, was passing through the vagina. Food and climate, elevated regions, quantities of sour cheese, etc., seem to have a good deal of influence on the existence or propagation of that disease. The itch which is communicated by animals, is generally very malignant.

The itch never gets well of itself; it continues for years, and, after a time, leads to the formation of sores, particularly around the ankles, to ophthalmia, etc. The suppression of the itch is frequently followed by the diseases which will be treated of in the subsequent chapters.

The different forms of the itch are treated pretty much alike; I will mention their names, leaving it to the reader to look for a more detailed description in other sources. They are: *Scabies papulosa*, or *porrigo scabida* (common, dry itch). This kind of itch consists of rather scattered small pimples under the skin, resembling rash, and itching violently at a change of temperature; the eruption is most violent on the back, upper arm, thigh and abdomen. *Scabies purulenta* (suppurating itch); it is very violent, the eruption is larger than the ordinary itch, particularly on the fingers and their joints; it terminates in suppuration.

The prognosis depends upon the manner in which the disease originated. It is more favourable when the itch was communicated, than when it came on spontaneously; it depends likewise upon the duration of

the malady: the sooner the treatment commences, the more easily is the disease cured.

§ 9. *Treatment of the itch.*

In the first part of his *Chronic Diseases*, Hahnemann writes a good deal about the treatment of psora; what he says about the treatment of the itch in a note, p. 180, is so scanty, that one would think he considered the treatment of that disease exceedingly easy. It would seem, moreover, as though the homœopathic treatment of all psoric diseases ought to be perfectly certain, lest homœopathy should be pronounced an insufficient method of curing. Be this as it may, in treating a case of itch, the physician had better not bind himself too strictly to Hahnemann's rules, lest the patient, discouraged by the slowness of the cure, should silently withdraw, and leave his physician in doubt whether he did the patient any good. Any case of itch, whether old or recent, can be cured, nor ought the treatment to last a whole year, though an old case is not as easily cured as a recent one. This is an additional reason why Hahnemann should have extended his remarks about the treatment of the itch, and should not have contented himself with merely stating that an old case requires the use of antipsorics in order to remove the secondary affections that have sprung up from it. As long as the eruption is upon the skin, the treatment of the itch must be perfectly certain, even in cases where the eruption, in consequence of the length of time, has become altered in its nature; the homœopathic physician should never hesitate in the selection of his remedies, as is unfortunately so often the case.

Inveterate itch frequently resembles the wide-spread herpes; before we describe the treatment of such inveterate cases, we shall premise the following general remarks.

The eruption, whether it arose from uncleanness or contagion, preserves its original *voluptuous itching*; *which scratching changes to a burning sensation.*



The sulphur-eruption, on the contrary, is characterized by a *burning sensation upon the skin, which scratching changes to a painful soreness.*

Sulphur is the specific remedy for the itch, and that medicine should therefore be continued until the eruption and the sensations which Sulphur is capable of producing upon the skin, exist. This period, however, scarcely ever arrives under the treatment prescribed by Hahnemann, who first recommended to give a pellet of the 30th potency of Sulphur, and to allow it to act for several weeks, and who afterwards modified his original treatment by repeating the dose every week. (See the preface to the "Repetition of a Homœopathic Remedy," in Bœnninghausen's Repertory of Homœopathic Medicines, part 1st.) It is true, such a sulphur-eruption is not absolutely indispensable to the cure of the itch, but the sooner it shows itself, the more speedy, safe and thorough will be the treatment, and no secondary diseases need be apprehended. If no pimples make their appearance after continuing the Sulphur for eight or ten days, the Sulphur was either too weak or the dose had not been sufficiently repeated. The sulphur-eruption ought not to cover the whole body as the itch itself, but ought to appear only in single pimples. Where the sulphur-pimple appears, the patient experiences a burning stitch, after which the above-mentioned burning sensation sets in, the cuticle is gradually raised, and the pustule is sometimes fully developed in the space of a few hours. The sulphur-pustule has a more yellowish tint than the itch-pustule, it is larger and more fully developed than the latter, and its tip is filled with pus.

In the treatment of the itch, I employ the tincture of Sulphur as well as the triturations; the former in recent cases, the latter in inveterate cases, or in all cases where no improvement is effected by the tincture in at least a fortnight.

In treating children under five years, I generally use pellets moistened with the tincture of Sulphur,

giving from two to three pellets every other day. If no improvement sets in after the second or third dose, I repeat the dose every day, and use, moreover, drops of the tincture. For older patients, I prefer the tincture in drop-doses, from the very commencement. In inveterate cases of full-grown patients, I give a drop of the tincture morning and evening.

Such lighter cases would have been treated by every homœopathic physician in pretty much the same way. But much larger doses of the specific remedy are required when the itch had lasted months or even years, when secondary diseases threaten to make their appearance, and a number of external and internal remedies had been employed without effect.

One thing is certain, and my opinion is derived from long experience, that the remedy which was specifically indicated by the original disease, has to be given even if the original form of the disease, itch for instance, or syphilis, had been altered by long neglect or mismanagement.

In all such neglected or mismanaged cases of itch, the triturations of Sulphur have to be used, one grain of Sulphur to one hundred grains of Sugar of milk, triturated together for one hour, being frequently sufficient at the rate of four grains, morning and evening. If no improvement should take place after using that preparation for one week, another preparation of five grains of Sulphur to one hundred grains of Sugar of milk should be substituted, and given as above. After giving it for eight days, twice a day, it should be continued for a fortnight longer, at the rate of one dose a day, then another fortnight at the rate of one dose every other day; in three weeks give one dose every third day, and if, at this period, the above described characteristic burning of the Sulphur should be felt on the skin, the Sulphur should likewise be used externally, continuing the internal use as above. As an external remedy, I employ 5, 10, 15 or 20 drops of the tincture in half a cup of water, and direct the

patient to wash with this solution all the worst places every morning and evening.

In pursuing this course of treatment, all the lighter cases of itch are cured in from two to three or four weeks; the more complicated cases in from six to eight weeks. This treatment is likewise to be pursued in cases where quantities of Sulphur had been administered allœopathically. When Hahnemann first proclaimed his great discovery to the world, I dared not continue the Sulphur after it had been used allœopathically, and I preferred using some other antipruritic which seemed to be homœopathic to the case. In this way I sometimes effected a cure, but very slowly. For some years past, however, I have again resorted to the Sulphur, and have never seen any ill effects from it even in cases where that agent had been fearfully abused. I will here state a case showing that Hahnemann did not hesitate to pursue a similar course.

Thirty years ago my brother was affected with the itch. He was treated for upwards of a year in the hospitals of Vienna, without the least effect. In 1816 he applied to Hahnemann, who recommended the following treatment: To triturate half a scruple of the flowers of Sulphur with one hundred grains of *Concha præparata*, (which he then used as a vehicle instead of Sugar of milk,) and take of it three times a day as much as would cover the point of a knife; all acids to be avoided. This powder was to be continued until the patient should experience an intolerable burning upon the skin.\* Then only one dose was to be given, and after a time, one dose every other day, which was to be continued until the cure should be completed. An ointment composed of half a scruple of the flowers of Sulphur and an ounce of lard, was used externally; a small portion of which was rubbed on the joints every evening. My brother was completely restored

\* This is the above-mentioned characteristic burning which Sulphur produces on the skin.

in seven weeks, and has enjoyed perfect health up to this moment.

I have indeed cured the itch with smaller doses of Sulphur, but the treatment was always very slow and much less satisfactory. I am likewise willing to admit, that the ointment is not always necessary, and should never be used till the internal use of Sulphur has induced the characteristic itching and burning upon the skin; in this case these symptoms disappear very rapidly under the use of the ointment. The ointment should only be used in inveterate cases; in all recent cases the tincture, as an external remedy, is sufficient.

If one of the faithful should censure my mode of treatment, I must allow him to enjoy that pleasure. I simply fulfil a duty by laying the results of my experience before my readers. Let any one try to treat inveterate cases of itch with the higher preparations of Sulphur, and his ill success will soon lessen the antipathy he may have felt to my own treatment. But why should he take offence at my treatment, since Hahnemann himself has recommended the external application of *Thuja* and *Arnica* in chronic cases where those remedies were indicated by the symptoms?

§ 10. Before describing the treatment of the herpetic disease which sometimes develops itself from the itch, I ought to speak of a peculiar form of the itch-disease, the

#### CRUSTA SERPIGINOSA.

Formerly this eruption was considered identical with the crusta lactea, until Wichmann showed that it was a different kind of exanthema, belonging to the class of herpetic-syphilitic eruptions, and resembling herpes squamosus. It resembles the crusta lactea only in this, that both diseases affect infants almost exclusively, during the period of lactation, and make their appearance on the uncovered parts of the

hairy scalp. Autenrieth is the first who showed that the crusta serpiginosa is a variety of the itch.

The disease commences with a red itching spot on the cheek in front of the ear, near the parotid gland. A number of small dark pimples make their appearance on that spot, changing to violently-itching vesicles surrounded with a bright-red halo. The vesicles break and pour forth a quantity of a serous corroding fluid, which makes the infants scratch continually. This fluid inflames the parts it touches, causing a new eruption all the time. In this way the eruption spreads more and more, extends even over parts of the face, the eyelids, without however affecting the eyeballs, and sometimes covers even the hairy scalp. As the disease develops itself, the exanthem sometimes makes its appearance on other parts of the body, on the neck, back, loins, extremities, and appears on these parts even after having left the face.

While the exudation is still going on, a part of the exuded fluid becomes indurated, and assumes the shape of small flat and very dark crusts, which gradually become detached by the newly-exuded matter, and leave a sore, ichorous place upon the skin. As in herpes, so here, the ichorous exudation continues to alternate with the process of desquamation, until the disease is cured by proper remedies.

The immediate consequences of the intolerable itching are: constant restlessness, sleeplessness, and general debility. The infant loses flesh, and other secondary affections of the reproductive system set in. These are, according to Autenrieth: swelling of the lymphatic glands in the axillæ and groins (when the disease is very violent); abscesses on the trunk and extremities, of the size of a walnut, which break and leave blue spots on the skin, as do the large itch-pustules in full-grown persons.

§ 11. This disease is undoubtedly of psoric origin. But Hahnemann is not the first who advanced such a doctrine. Wichmann and Autenrieth have said the same thing before him. Wichmann observes in his

work on diagnostics, that the disease is of a complicated nature, and is occasioned by some kind of eruptive disease in the mother or nurse, of a psoric, syphilitic and sycotic nature. According to Autenrieth, the disease is the true itch, which always takes that form in infants at the breast. According to the latter pathologist, the itch assumes various forms, according to the age of the patient: in infants, it is the *crusta serpiginosa*; in adults and full-grown people, it is the common scabies humida; and in old people, the dry itch.

The opinions of both those observers are entitled to great credit. The existence of the itch-miasm is indeed probable; the psoric miasm occasions a number of secondary diseases, which may be considered a form of psora. All herpetic eruptions are of a psoric nature, even in individuals that, to their knowledge, never were affected with the itch. It is perfectly proper to consider *crusta serpiginosa* a form of itch; Autenrieth's mistake consists in basing a strict classification of the various forms of itch upon the different ages of the patients.

According to Haase, *crusta serpiginosa* is either a complication of herpes with syphilis, or of those two diseases with scrofula.

According to Hahnemann, *crusta serpiginosa*, *tinea capitis*, *crusta lactea*, etc., are varieties of scrofula, and the external symptoms are vicarious representatives of the internal disease which pervades the whole organism. This opinion appears by far the more rational.

*Crusta serpiginosa* and *crusta lactea* are distinguished by the following symptoms: The latter first appears on the forehead and cheeks, the former on the ear; the latter breaks out in irregular, pretty large pustules, the former in small vesicles filled with some kind of fluid; the *crusta serpiginosa* is characterized by violent itching, particularly at night, which is wanting in *crusta lactea*; the crusts of the *serpiginosa* are rather thin and dark-brown, not thick and

yellowish-white as in the crusta lactea. The crusta serpiginosa is always a slow disease, which only disappears by the use of proper remedies, whereas the crusta lactea frequently disappears of itself, in from 6 to 8 weeks.

Crusta serpiginosa is only seen in infants at the breast, and generally is transmitted by nurses, mothers, etc., affected with some kind of itch.

§ 12. This exanthem is more or less obstinate, according as the treatment is commenced sooner or later. If nothing is done for it, it may last a number of years, and becomes more inveterate in proportion to its duration. Then it is that the reproductive system is invaded, the symptoms of scrofulosis develop themselves, a state of debility sets in; or, if the eruption should be suppressed, secondary diseases make their appearance, which generally affect the nervous system, such as hydrocephalus, eclampsia, epilepsy, etc. Under a well-conducted homœopathic treatment, this disease cannot possibly lead to such disastrous results.

Treatment: for the lighter forms of crusta serpiginosa, or when the disease is just breaking out, the medicines which I shall hereafter recommend for crusta lactea will generally be found sufficient. When the disease has become more inveterate, I give *Sarsaparilla*, one to a hundred, but have lately preferred a higher potency. This medicine is particularly indicated when the eruption rests upon a wide-spread inflamed basis, and the patient frets continually. This remedy is still more efficacious when the crusts become easily detached in the open air, and the recently-formed cuticle cracks. Before continuing my remarks on the treatment of this disease, I ought to observe that the medicine has to be repeated, else the cure will not succeed.

*Arsenicum album* will be found useful when the eruption spreads rapidly by means of the exuded ichor, and when the itching and burning, which cause the infant to toss about and to rub and scratch continually, are diminished by the application of warmth.

Although the infant's sleep is not very much disturbed, nevertheless the patient loses flesh and strength.

*Clematis erecta* is indicated when the eruption consists of distinct pimples, and is less of a confluent nature; the pimples look somewhat like itch-pustules, itch a good deal, break in a short time, and new pimples make their appearance as the old ones dry up. The pimples always rest upon a highly inflamed basis.

I have frequently used *Dulcamara* with great effect in this disease, and also in other forms of herpes on various parts of the body. It has proved useful only when the eruption was dry and not spreading; the latter symptom always indicates *Arsenic*. *Dulcamara* was especially indicated by glandular swellings in the groins, on the nape of the neck, and in the axillæ.

I have frequently used *Ledum palustre* with success as an intermediate remedy, when the pimples were rather dry, kept multiplying, with a scurf at their tips, and forming a new crust all the time, somewhat resembling crusta lactea.

Since the publication of Hahnemann's psora-doctrine, I have become convinced that, in most cases, *Sulphur* is the best remedy to begin with, particularly if the nurse or mother, either during the period of nursing or utero-gestation, had been affected with an itch-like eruption, or even merely with pimples or a mild form of leucorrhœa. Wet-nurses are generally very unwilling to admit that they have had the itch, and this would be an additional reason why the treatment should be commenced with *Sulphur*. If this medicine should not be sufficient to a cure, *Acidum phosphoricum*, higher potency, will prove an effectual remedy, particularly if the pimples form clusters.

*Acidum ph.* is not always indicated after *Sulphur*. If *Sulphur* should leave the eruption unaltered, if it should continue spreading in consequence of the acrid humour which keeps constantly oozing from under the crust, making the infant restless, and depriving it of all sleep, I have frequently cured the eruption with *Graphites* within three weeks; whereas in other cases



which seemed exactly like the former, Graphites produced a considerable aggravation of the symptoms, even if the medicine was allowed to act a long time; in such a case the cure was effected by a dose of *Lycopodium*, *Conium*, or *Cicuta virosa*.

*Sepia* is an admirable remedy for this eruption, and almost always induces a favourable change if given at the commencement. This change, however, does not always last. If the above-named remedies should have been given without effect, and the patient should be affected with a purulent discharge from the ears and swelling of the latter organ, *Natrum muriaticum* will be found of great value.

A most admirable remedy for this herpetic form of scrofulosis, is *Calcarea carbonica* in small doses. This remedy is much better adapted to children than to full-grown persons, because its action, in the former subjects, is much less intense, and is therefore less liable to excite latent psora-symptoms.

*Rhus tox.*, *Ranunculus sceler.*, *Staphysagria* and *Merc.*, may likewise be mentioned as useful remedies in this malady.

Sometimes all the above-mentioned remedies leave us in the lurch; in this case, *Psoricum* may perhaps be of service.

A variety of scrofulosis, which appears in various shapes and degrees of intensity, is

§ 13. *Tinea capitis*, *achores*, *favus*, *scabies capitis*, *scaldhead*.

This disease generally affects children; it is seen mostly on the hairy scalp, and results in an exsudation of lymph with subsequent formation of scales or crusts. Modern pathologists place this eruption in the class of herpes crustaceus. It differs from herpes in this, that tinea exists only on the hairy scalp, and is cured by specific remedies, which may, however, be likewise found useful in herpes.

Characteristic symptoms are: A local inflammatory condition, with redness, itching, burning, and a

tensive pain in the affected part ; exsudation of lymph which has frequently a fetid smell, terminating in the formation of scales or crusts, which are more or less extended and hard. The various names by which the disease is known, depend upon those various characteristic symptoms.

The slighter degrees of tinea are designated by the terms favus, *achor favosa* or *muciflua* ; this variety is generally found on the back part of the head, towards the nape of the neck, and breaks out most frequently between the first and twelfth year. The affected parts become red, hard, hot, elevated ; they are painful, and there is almost always a swelling of the lymphatic glands of the neck, nape of the neck, and head. After the lapse of a few days, small, round, acuminate pustules make their appearance upon an inflamed, rose-coloured basis, hard at their lower, and yellowish-white at their upper extremities. They start up gradually, and contain a yellowish-white, lymphatic, viscid, thick fluid, which smells more or less badly when discharged. This discharge is the cause of the eruption spreading more and more ; the hairs are glued together, and vermin forms and increases if the patient should not be kept cleanly. In a short time, scaly, thick, hard, elevated crusts form, of various appearance.

There is a malignant form of tinea, *tinea capitis maligna*. Both these forms of tinea are symptoms of latent psora, complicated perhaps with syphilis that has assumed the character of scrofulosis. The eruption first appears on the vertex and *sinciput* : it commences like the benign form of tinea, except that a number of larger pustules are seen side by side, discharging an ichorous, yellowish-green fluid, which gradually spreads over the larger portion of the hairy scalp, and covers it like a cap of pitch. The humour becomes dry, forming thick, hard, coherent, gray-green crusts, covering ulcers of considerable dimensions, which keep spreading all the time, and secrete an acrid, fetid pus, that destroys even the roots of the hairs, and causes the hair to fall off.

§ 14. As was said above, these various forms of scaldhead are symptoms of latent psora, accompanied by derangement of the digestive functions, induration of the lymphatic glands, distention of the abdomen, deficient nutrition, paleness of the face, and the like.

If nothing is done for these eruptions, they frequently last for years, sometimes even to the age of pubescence. This is particularly the case with poor and ignorant people, who view such eruptions as efforts on the part of the organism to free itself from morbid humours, after the expulsion of which the children will enjoy so much better health. This erroneous notion has been handed down from former times, when the eruption was looked upon as an isolated symptom, the suppression or desiccation of which, by means of ointments or washes, was followed by ophthalmia, blindness, deafness, pulmonary diseases, and the like. A fashionable mode of treating these diseases was to put a pitch-cap on the child's head, and afterwards tear it off again. In this way the tinea was indeed removed, but this suppression was generally followed by ophthalmic affections, which were just as troublesome as the tinea, disfigured the face, and were moreover accompanied by a constantly progressing emaciation. One of my old class-mates has remained down to this moment a cripple, in consequence of such barbarous treatment.

Want of cleanliness, vermin, the use of warm fur caps, bad diet, etc., are very apt to occasion such eruptions if the organism be predisposed for them. It is undoubtedly true, that scaldhead is much less frequent since we have begun to bring up our children with more cleanliness, to pay more attention to their diet, and to allow their heads a free access of air; but this is not the only cause of the diminution of scaldhead. One of those causes is to be found in Nature itself, which every now and then alters the forms of disease. Take, for instance, the Sydenhamian scarlatina, which was so common in the last century, and is now scarcely ever seen. In the place of this

disease, we now have the purple-rash, first described by Hahnemann, or a combination of purple-rash and scarlatina. It is the same with small-pox. This disease is indeed still existing, but is much less violent than before, and seems to have given place to varioloid, which was unknown twenty years ago. Croup seems to be much more frequent now than it used to be; this is owing to the fact that scrofulosis, of which croup is a mere symptom, appears much less in its original forms.

Exciting causes of scaldhead are: a scrofulous disposition, heavy, undigestible, coarse food, excessive use of flour, uncleanness, damp, wet and chilly atmosphere, close, low, filthy dwellings, etc.; excess of covering on the head or body is likewise calculated to excite the disease.

§ 15. The treatment of such eruptions is sometimes exceedingly tedious. The selection of a proper remedy depends altogether upon the totality of the symptoms, not upon isolated symptoms.

One of the principal remedies for the lighter form of tinea is *Dulcamara*, particularly when the glands of the neck, nape of the neck, and of other parts of the body, are swollen; the child is very pale and the muscles flabby.

I have frequently used *Bryonia alba* as an excellent intermediate remedy, when there were inflammatory tumors on the head, inflamed glands on the neck and nape of the neck, when the pimple-shaped eruption was spread principally over the nape of the neck and back, and the patient complained of a corrosive itching in the night.

*Oleander* is undoubtedly a good remedy for the simpler form of tinea, particularly when the eruption is scaly or humid, when the pimples resemble itch-vesicles, with an intolerable, corrosive itching at night, and a burning sensation on the head after scratching, and when the mesenteric glands seem to be affected, as might be inferred from the distention and hardness of the abdomen, and from the evacuations which are

at times solid, at others diarrhœic, and sometimes contain undigested food.

*Hepar sulphuris* is indicated in the lighter forms of tinea, when the eruption not only covers the head, but likewise the nape of the neck and portions of the face, accompanied with affections of the eyes, psorophthalmy, ulcers on the cornea, night-sweats, etc.

*Staphysagria* will be found useful in humid, fetid scaldhead, with violent itching and swelling of the cervical glands.

*Acidum muriaticum* is likewise an excellent remedy for tinea.

For tinea maligna which was very humid and fetid, caused the hair to fall off, with nightly itching, considerable secretion of greenish pus, formation of thick crusts and tendency to engender vermin, I have scarcely ever used any other remedy than *Rhus tox.*, several doses. This is undoubtedly the principal remedy in the different varieties of tinea, and will likewise be found useful when the whole of the hairy scalp is covered with a crust resembling the wax of the honey-comb. When there was considerable secretion of ichorous pus, and this corrosive ichor caused new ulcers wherever it touched the skin, I have found *Arsenicum album* a most excellent remedy, after which *Rhus t.* seemed to act very beautifully. I have sometimes been obliged to alternate Ars. and Rhus., but have never seen any good effects from them, if either of those remedies alone was insufficient to produce a favourable change.

*Baryta acetica*, second or third trituration, was formerly supposed to be useful only in dry tinea, but experience soon convinced me that it is still more useful in humid tinea characterized by crusts, falling off of the hair, itching and gnawing on the head. If this preparation of *Baryta* should prove insufficient, I resort to *Baryta carbonica*, particularly when the glands are swollen and indurated in other parts of the body.

If all these remedies should be without effect, which will only be the case when the eruption is very obstinate and had been mismanaged by allœopathic treat-

ment, *Tinctura sulphuris*, *Graphites*, *Lycopodium*, *Petroleum*, *Cicuta* and *Phosphorus* will certainly remove the disease, if chosen in accordance with the symptoms. *Kermes minérale* should likewise be thought of.

Another eruption which belongs to this class of diseases is

§ 16. *Achor larvata, porrigo larvalis, crusta lactea.*

This eruption almost exclusively attacks infants between the seventh and eighth months after birth, and during the first period of dentition; according to Alibert, infants with auburn hair are more particularly liable to that disease.

Upon a red, not circumscribed surface, a number of small yellowish-white pustules make their appearance close by each other, breaking in two or three days, and discharging a clear, viscid humour, which forms into thin, transparent, whitish-yellow crusts. While these crusts are forming, the secretion of the humour continues, in consequence of which the crusts become darker and thicker. New pustules keep breaking out in this way all around, going through the same process, and uniting with the former until the whole face, with the exception of the eyelids, is covered as with a mask (hence the term *larvalis*). This eruption has an offensive, rancid smell, and varies a good deal. In some infants, for instance, the secretion is very considerable, and the skin red and excoriated; in others there is scarcely any secretion, and the epidermis is covered with a dry, brown crust. After the removal of the crust, there remains a red, elevated, sensitive epidermis, which is traversed by deep lines, peels off repeatedly, but does not exhibit as deep furrows as are seen in *impetigo*.

The eruption first appears on the forehead and cheeks, whence it spreads over the face, and even over the trunk and extremities, where it stops. Sometimes the ears and hairy scalp are invaded. There is comparatively very little itching, by which the *crusta lactea* may be distinguished from *crusta serpiginosa*, which is

a variety of itch. The disease is seldom seen after the eighth month, but sometimes appears in young nursing females, with delicate, sensitive skin. Florid, plethoric children are principally subject to this disease; in such patients, the eruption is very troublesome, because it covers the front part of the neck, and is sometimes accompanied with great debility, inflammation of the eyelids and eyes, purulent discharge from the eyes and ears, inflammation of the mesenteric glands, until marasmus, diarrhoea and hectic fever gradually set in, and death ensues. Generally, however, the disease terminates favourably. In some cases the disease disappears spontaneously by simply weaning the infant, or it is at least arrested by that means. Dentition has sometimes a favourable, sometimes an unfavourable influence. When the disease is about getting well, the urine becomes turbid, and smells like the urine of cats.

The disease may break out in the most healthy infants, but generally attacks plethoric children with irritable constitutions, and is induced by undigestible food, impure, damp, chilly air, appearance of the menses in the mother or nurse, etc.; it appears to be a preventive against other morbid conditions, such as difficult teething, acute hydrocephalus, etc. A sudden falling off of the crust is frequently accompanied with dangerous symptoms, such as acute hydrocephalus, oppression and palpitation of the heart, etc., particularly when the falling off takes place during the period of dentition.

§ 17. This disease is so little dangerous, that it is perfectly proper, in many cases, to entrust the cure to nature. In scrofulous patients, art has to interfere. If the infant should be very restless, if it should endeavour to rub the diseased part against everything, if the eruption should be seated upon an inflamed surface, it is advisable to give a few doses of *Aconite* as a preliminary palliative, after which the specific remedy should be administered. One of the principal remedies is the *Viola tricolor*. It is particularly indi-

cated by an intolerable burning itching at night, and by the above-mentioned characteristic smell of the urine. The eruption which this agent is capable of producing upon the healthy, is very much like *crusta lactea*.

*Staphysagria*, *Rhus t.*, and *Sulphur*, are very useful remedies. *Staphysagria* is indicated when a yellowish corrosive humour oozes out from under the crusts, or when, after the falling off of the crusts, new vesicles spring up on the denuded surface, which break again, and discharge a yellowish corrosive humour. *Rhus t.* is indicated when the eruption is seated on a dry surface, and the infant seems to be troubled by a burning itching. If these two remedies do not suffice, *Sulphur*, especially the tincture, should be tried, particularly when the pimples resemble those which *Sulphur* produces on the skin. In many other cases I have used *Aurum*, *Dulcamara*, *Arsenicum*, and *Hepar sulph.*, with success. *Lycopodium*, *Carbo veg.*, and *Causticum*, are likewise useful.

For the ophthalmia which frequently accompanies this disease, I have used with great benefit, *Euphrasia*, *Aconite*, *Hepar sulph.*, and sometimes *Belladonna*.

§ 18. Next to scabies we will mention the herpetic form which the itch sometimes assumes after having remained a long time upon the skin. I will here communicate what I know of the treatment of this disease, abstaining from all idle speculation, and confining myself to facts.

One of the most obstinate varieties of herpes, is the variety which resembles the itch, and may be taken from a person infected with the itch, by contact, or even in consequence of the loathing which the itch causes. It causes the same sensation as the itch, which is particularly felt when warm and heated, but is essentially distinguished from the itch by this, that the former does not attack the hands, at any rate does not cause any itching on the hands, even if they should be attacked. Another distinction is, that the places which have been made sore by scratching, and



are afterwards covered with scurf, do not, as in the itch, soon dry up and heal, but occasion, within 24 hours, a new, though not intense inflammation all around, contributing to the secretion of an ichorous humour under the scurf, which oozes out from under it by pressing upon it. The more frequently this humour is pressed out, the sooner the scurf dries up; the longer the humour is allowed to remain, the more the inflammation spreads, and the slower the diminution takes place. As the sore place is about to heal, new sores are forming which have to go through a similar process. These sores most frequently occur in places where a number of itch-pimples had crowded together, and sometimes cover a surface of the size of the hand. When a single pimple is scratched of considerable size, a boil is apt to form at that place, which penetrates deep into the skin, and discharges a thick, dingy-red fluid. Boils occur very frequently in this kind of herpes, sometimes five or six at a time. The patient generally feels chilly towards evening, experiences the greatest uneasiness, not only in the extremities, but in the whole body; is low-spirited, and the sleep is very much disturbed by itching, starting and anxious dreams. The other functions of the body remain regular.

I have never treated a case of this kind of herpes from the commencement; when I undertook the treatment, the disease had generally lasted several years. I will not decide whether it is the same disease as the itch, but the external character of the two diseases is pretty much alike.

§ 19. The treatment of this form of the itch should be commenced with the tincture of Sulphur, which is much more efficient in this disease than the attenuations. After having continued the medicine for a few days, I leave the patient without medicine for two or three days, or wait even longer if there should be a progressive improvement. If no symptom of improvement should set in, I consider this a proof that Sulphur will produce no favourable change,

however much it may seem to be indicated. Nevertheless, we never lose time by commencing the treatment with a few doses of Sulphur. If Sulphur should have been entirely fruitless, I know of no better remedy than *Psorin*, one dose every other day, and to be continued as long as it acts favourably. If the medicine should not seem to affect the organism any farther favourably, I allow a few days to elapse before I give a new medicine. If, after this, the symptoms should still indicate Sulphur, it should be given unhesitatingly, and it will then be found to act very favourably, and, in most cases, will perform a cure.

Experience alone can teach us what are the best remedies for chronic cutaneous eruptions, where we have no symptoms to guide ourselves by in the selection of a remedy, and where the few subjective symptoms are of no practical value, inasmuch as they depend upon a sort of mechanical irritation of the skin occasioned by the eruption. As regards Sulphur and *Psorin*, I can state with tolerable certainty, that they are good and reliable remedies in this affection, though I am willing to admit that I have sometimes given those two remedies for five or six weeks in succession without perceiving the least change. In this case, *Lachesis* and *Clematis*, or *Dulcamara*, in repeated doses, deserve a preference. I have sometimes given *Clematis* and *Dulcamara* in alternation, one dose every four days, and have in this way succeeded in effecting a cure. In cases where the above mode of treatment proved unavailing, I have used more or less empirically, *Sepia*, *Carbo veg.*, *Kreasotum*, *Causticum*, *Natrum mur.*, *Lycopod.*, *Merc.*, *Calc. c.*, and *Graphites*.

It is impossible to cure this disease in less than three months; sometimes it takes six months, and even several years, before the organism is entirely freed from the disease.

§ 20. An affection which is very similar to the last named form of scabies, and which we frequently

meet in females, and in persons who have to work standing, such as compositors, printers, etc., are

*Ulcers pedis,*

which homœopathic physicians are very frequently called upon to treat.

In women who were affected with varices during pregnancy, these ulcers very often make their appearance at the critical term of life ; in men they likewise frequently develop themselves out of varices, and are therefore very properly called varicose ulcers. I shall class the phagedenic ulcers in the same category, as the homœopathic treatment of those two kinds of ulcers is almost the same.

The former ulcers are generally seen on the legs, in the region of the ankles ; they may be caused by a very slight wound, abrasion of the skin, pressure, knock, or some other mechanical irritation. Such slight causes would, of themselves, be insufficient to cause such a distressing affection as ulcers of the feet sometimes are ; they merely serve to excite the pre-existing disposition to the formation of such ulcers, which may even appear without any positive cause, and, under allœopathic treatment, frequently break out at another place, after having been dried up in the former. The sores commence with bleeding, and subsequent suppuration ; if this should be neglected, obstinate ulcers may arise. The salves which are used in domestic practice for the cure of such ulcers, are frequently injudicious and injurious. Persons with a fine, delicate skin, blond hair, and an irritable disposition, are more generally affected with such ulcers ; they should be considered as a sort of outlet to other diseases, which thereby are deprived of the means of developing themselves. However unimportant such an ulcer may seem at first, it is nevertheless a most important affection, which it frequently requires a long antipsoric treatment to cure.

A phagedenic ulcer cannot well take place except as a sequel to some chronic cutaneous disease,—itch,

herpes, etc. It differs from the former ulcer in this, that it appears in different parts of the body, particularly in soft, muscular parts, and that it discharges a thin, watery, corrosive ichor, which keeps spreading all around, destroying the parts it touches, and making the ulcer very painful.

§ 21. Such ulcers can only be cured by the systematic use of the antipsorics. *Nux.*, *Merc.*, *Ferr.*, *Arn.*, *Rhus t.*, *Bryonia*, *Arsenic*, *Puls.*, etc., are not sufficient, and do not prevent the breaking out again of the healed ulcer. The best antipsoric specific for both kinds of ulcers is the tincture of *Sulphur*, first attenuation, one dose, morning and evening. It is an admirable remedy for varices, and likewise corresponds to the psoric miasm which is the root of phagedenic ulcers. *Sulphur* removes the itching and burning, and the inflammation around the ulcer, in a few days, though it generally takes a number of weeks to cure the ulcers.

If the ulcer bleed readily, with stinging and burning pains in the ulcer, intense inflammation, hard and sensitive edges, tendency to turn black, increase of pain in the cold, *Arsenicum* should be given in repeated doses. Sometimes, particularly when the *Arsenic* ceases to affect the ulcer favourably, *Sulphur* or *Hepar sulph.* has to be given. The latter remedy is indicated when the patient experiences a burning and gnawing or a throbbing pain in the ulcer at night, when the ulcer bleeds readily, and a putrid smell emanates from it; *Sulphur* is likewise indicated when the ulcers arise from abuse of Mercury, or when they are of a cancerous nature, with stinging-burning pain.

*Lachesis* has proved a valuable remedy when the ulcer had a spongy appearance and a burning was experienced in it on being touched. *Kreasotum* is sometimes useful when the ulcer showed a tendency to become gangrenous, (in which case *China* deserves to be considered,) or when it discharged a putrid, fetid ichor. There are several other remedies which

I have not used much : *Lycopod.*, *Carbo veg.*, (corresponding to Arsenic,) *Asa*, *Graphites*, *Acidum phosphor.*, *Silic.*, *Mexereum*, *Psoricum*. The last-named remedy may prove valuable when the psoric origin of the ulcer can be distinctly traced. It should be given at long intervals, followed by Sulphur. It may be well to interpolate occasionally a dose of *Nux*, to quiet the nervous irritability of such patients.

This is all I know of the treatment of varicose and phagedenic ulcers, though I am willing to admit that other physicians may be in possession of a more enlarged experience in reference to that subject, and many observations recorded in our books and journals may have escaped my memory.

§ 22. *Strophulus confertus*.

This disease arises in consequence of the increased vascularity and irritability of the skin, and is proximately occasioned by an irritation of the intestinal canal or gums. Such an irritation of the intestinal canal is occasioned by over-feeding or by irregular diet on the part of the mother while nursing. The eruption consists of clusters of small red pimples ; it generally breaks out in the face and befalls children of from four to five months. If older children should be attacked, the eruption appears likewise on the hands, arms, shoulders, in the loins, and the pimples are so densely crowded that the skin appears red. In about a fortnight the pimples become pale, scale off, and disappear gradually unless new ones should make their appearance. The eruption is accompanied with fever, the skin of the patients is burning, they drink a good deal, cry out suddenly, thrust their hands into their mouths, start during sleep, or even when awake the slightest noise causes them to start ; they refuse the breast, have diarrhœa, etc.

§ 23. No treatment is required for this eruption ; guard the infant from cold, and wash it frequently with tepid milk and water. If the abdominal functions should be disturbed, *Ipecac.*, *Puls.*, *Rheum.*,

*Chamom.*, *Antim. crud.*, *Tart. emet.*; etc., may be administered in accordance with the symptoms; if the nervous functions, *Acon.*, *Coff.*, *Bellad.*, *Ignat.*, etc. For the more detailed indication of these different remedies, I refer the reader to the first part of this work.

#### § 24. *Eczema.*

This eruption consists of small, acuminate, not confluent vesicles, with violent itching and pricking. The humour which is contained in the vesicles is either transparent or opaque, and dries up into thin scales.

This eruption appears in irritable individuals, and is occasioned by a variety of internal and external irritating influences. It appears either on single parts of the body, or all over. In men the eruption is more particularly seated on the inner sides of the thighs, in the axillæ, and on parts of the skin where the greatest number of mucous bursæ are situated. The eruption resembles miliaria, from which it is distinguished, however, by the absence of fever and of any other symptoms of constitutional disturbance, provided it is not too general. When appearing on the hands and fingers, it is easily confounded with scabies, from which it is distinguished by a more regular distribution of the densely-crowded vesicles, and by the fact that there is more pain and burning, and that the eruption never terminates in ulceration. Authors distinguish three different kinds of eczema, depending upon the different causes which excite it:

1. *Eczema solare*, breaking out in parts which are directly exposed to the rays of the sun or the heat of the fire. The eruption lasts from three to four weeks, or even for several months if new vesicles should keep forming, and in irritable subjects it may even last until the rough winter-weather sets in.

2. *Eczema impetiginoides*, is occasioned by the constant influence of irritating, acrid substances, spices, lime, cantharides, etc. Every single vesicle is surrounded with a halo, which, however, remains distinct

from the neighbouring ones. The vesicles break after the lapse of four or five days, and discharge a substance which reddens the subjacent skin and causes a stinging, burning pain.

3. *Eczema rubrum s. mercuriale, erythema mercuriale, hydrargyria.* This variety is caused by the abuse of mercury. The treatment will be described in the chapter on syphilis.

§ 25. In treating this eruption, the cause which had excited it must be carefully avoided. The burning can be alleviated by washing the affected parts with a tepid, slimy solution. I am not acquainted with any remedies which might be considered specifically adapted to that disease; those which I have been in the habit of prescribing, are: *Ars.*, *Cantharid.*, *Ranunc.*, *Nitrum*, *Bryon.*, *Rhus t.*, *Mercur.*, *Camphor*, *Sepia*, *Staphys.*, *Thuja.*, *Oleand.*, *Sulphur*.

#### § 26. *Acne.*

This eruption consists of isolated, hard, inflamed tubercles, which sometimes continue a long while, and ever terminate in partial suppuration. They generally break out in the face, on the forehead, temples, chin, sometimes on the neck, shoulders, upper part of the chest, but are rarely seen on other parts of the body. The slow course which the single tubercles run, allows of the changes they undergo being observed; when the eruption is very acute, the vestiges of the former tubercles are yet visible when new ones make their appearance. The eruption appears principally in persons of a sanguine temperament, between the ages of from 20 to 30, or 35 years; in some cases it breaks out after that age. It is most violent in young men, but attacks likewise females.

There are four varieties:

1. *Acne simplex*: single, not numerous, little inflamed tubercles, which scale off and leave some roughness. If the pimples become inflamed without suppurating, purple spots remain for some time after the scaling off has taken place. A large number of those tubercles become inflamed, after which they

become raised, look red and smooth, are rather hard, glossy, and painful when touched ; at last pus is observed in their tips, which gradually changes to a thin crust. Sometimes the eruption appears on single parts of the body, at other times the whole body is covered with it ; it shows itself after a copious meal, after drinking much wine, or it is caused by an indigestion, or by violent exercise in a hot temperature.

It is very difficult to cure this disease ; patients are seldom willing to be under treatment long enough to get well. The eruption generally shows itself at the age of pubescence ; it never disappears of itself, not even with the most careful diet, and the patients, knowing this, do not mind transgressing the dietetic regulations of the physician, and retarding the cure by this neglect.

The remedies which seemed to me the most suitable to the cure of this disease, are the following : *Cantharides*, particularly when the itching vesicles or pimples burn on being touched, and appear principally on the chin and lips. *Staphysagria* for stinging-itching pimples, with pain, when touched, as if from subcutaneous ulceration, changing again to the former sensation after scratching. *Sulphur*, one of the principal remedies for this kind of eruption, when the round little blotches are covered with white-yellowish scurfs. *Capsicum* is likewise a suitable remedy for the last-mentioned class, when the pimples appear more particularly around the lips. Other useful remedies are : *Ant. crud.*, *Mezer.*, *Dulc.*, *Natr. mur.*, etc.

#### § 27. *Acne punctata.*

This variety is very frequent. It consists of a number of black points, which, when pressed upon, discharge worm-shaped indurated mucus, or a fatty substance which had assumed a vermicular shape in the follicles, and the outer extremity of which had turned black by the contact with the air or dust.

The best remedy for this eruption is, to be very particular in regard to diet ; the patient may more-



over take, from time to time, a dose of *Sulphur*, *Sepia*, or *Nitric acid*.

*Acne indurata*: This eruption is essentially the same as *Acne simplex*, and requires the same kind of treatment.

§ 28. *Acne rosacea, Gutta rosacea.*

This eruption commences at the tip of the nose, whence it spreads over the face, cheeks, as far as the chin. The eruption forms in this manner: The skin becomes red, firmer and tougher; bundles of engorged veins make their appearance; after which, pimples of the size of a lentil or pea start up, which gradually suppurate at the tips, and are finally covered with a scurf. In the morning, the skin looks pale, becomes redder as the day advances, and looks especially fiery and flaming after taking wine or a copious meal. Finally, the skin becomes rough, cracks, and the nose looks as if it were composed of several parts. The disease is more frequent with old people, or with persons that have passed the age of forty. It is frequently accompanied with derangement of the digestive functions, and blind piles; the disease is therefore very apt to befall individuals that drink a good deal of sour wine, in consequence of which they suffer of acidity. Such individuals are very much inclined to venous congestion, and frequently suffer in later years of some disease of the heart.

*Treatment*: Without the most careful diet, the patient cannot possibly get well. He should carefully avoid all stimulants, and should confine himself to vegetables and water. If the patient should have confirmed himself in spirituous drinks, he must leave them off very gradually, lest any sudden privation should be followed by unpleasant consequences.

The principal remedies are: *Carbo animalis*, which is preferable to vegetable charcoal, and is an excellent remedy, not only when the eruption is confined

to the nose, but likewise when it has spread over a larger surface, and causes a violent burning pain. If the face be covered with the eruption, if the affected parts look bright-red, and a disagreeable burning be experienced in these parts ; or for single, round, red spots and pimples, (in the latter case *Cal carb.* is a good remedy,) *Arsenicum* is an excellent remedy. *Veratrum* will always prove advantageous when red spots are making their appearance, with white pimples gradually starting up from them. The same rule applies to *Cannabis*, except that this remedy is more particularly indicated by a copper redness without eruption, and by considerable swelling of the nose. *Acidum nitris* is indispensable when the copper redness spreads over the whole face, or when the disease arises from syphilis, in which case the eruption spreads as far as the borders of the hairy scalp. *Thuja* deserves a preference over all other remedies when the eruption is principally seated under the nose and around the chin. *Acidum phosphor.* is useful when the eruption is confined to the cheeks and nose, and when the red pimples are filled with pus, and painful to the touch. In many cases, *Phosphorus* is more efficacious than the acid. Some say that *Euphrasia* is a good remedy when the eruption consists of single large pustules shooting up here and there. *Silicea* is an excellent remedy when a beating pain is experienced in the inflamed part where vesicles and pimples form. *Ledum palustre* is useful for pimples and boils on the forehead, red pimples in the face, with stinging pain when touched ; and for pimples on the forehead like those which are seen on the faces of drunkards. Other good remedies are : *Ruta*, *Aurum*, *Kreasotum*, *Sepia*, *Petroleum*, *Plumbum*, *Sulphur* and *Acidum sulphuricum*, *Capsicum*, *Clematis*, *Psoricum*, etc.

#### § 29. *Lichen simplex.*

All the varieties of this eruption are preceded by febrile symptoms, chilliness, heat, coated tongue, bitter taste, nausea ; these symptoms generally disap-

pear after the eruption has made its appearance. The eruption first shows itself in the face, in the shape of red spots, from which pimples start up, either single or in clusters, with prickling and stinging, particularly at night; the pimples generally scale off, and sometimes return again. From the face, the eruption spreads over the neck, trunk and extremities. The skin under the small scales looks red, particularly in the joints. The eruption lasts from three to four weeks, but if new pimples continue to appear, it may last several months. The disease is most frequent in summer; it becomes more obstinate in proportion as it appears more frequently. It is sometimes confounded with measles, scarlatina, scabies, and por-rigo.

For the first symptoms no treatment is required except what has been pointed out in No. 40 of the first part of this work. After the removal of those symptoms, the physician will easily be able to decide whether the remaining eruption requires further treatment, or will yield to nature. If the disagreeable prickling and stinging should still continue, a few doses of *Sulphur* will be sufficient to remove the eruption. In obstinate cases, when the eruption reappears several times in succession, *Sulphur* alone is not sufficient, and *Conium*, *Carbo veg.*, *Ammon. carbon.*, *Arsenic*, *Strontian*, *Acid. phosph.*, have to be employed, the latter remedy more particularly when the pimples appear in clusters. *Calc. carb.*, *Staphys.*, *Agaricus musc.*, etc., are likewise useful.

The other varieties of Lichen, such as lichen pilaris, lichen circumscriptus, lichen agrius, etc., require the same kind of treatment as the one described above.

### § 30. *Psoriasis*.

In psoriasis simplex, small spots of the size of a lentil first make their appearance, of a dingy-red colour with a brownish tinge, raised on the skin, and of a firm feel. Small vesicles of the size of a pin's head

start up from those spots, and soon break; the contents which those vesicles discharge, soon change to a crust composed of several lamellæ. Other vesicles form around this crust, likewise breaking like the former, and forming new crusts, so that, at the end of a fortnight, the eruption covers a surface of the size of a hand. The eruption generally extends from the chest or back. If neglected, this eruption spreads over the whole body, except the parts that are covered with hair. It is most frequent at the age of pubescence.

*P. inveterata*, or *abdominalis*, (because it is generally accompanied with abdominal sufferings or derangement of the portal system,) is the most distressing. It only attacks persons of an advanced age, suffering with gout or piles. If such persons take cold or get wet, they are attacked with the above-mentioned spots, which spread rapidly, and become covered with crusts, and are traversed by deep cracks in which pus is secreted; the eruption sometimes breaks out on the palms of the hands and soles of the feet, where the cracks sometimes are a few lines wide, and cause a violent tension and burning, accompanied by sleeplessness and great debility.

§ 31. *Conium* is one of the principal remedies for psoriasis simplex, particularly when the eruption has assumed the form of scales and scurfs, with stinging itching, and extending over the whole body. Next to *Conium* is *Sulphur*, particularly at the commencement of the eruption, when the peculiar sensations which characterize the action of *Sulphur* prevail. *Dulc.*, *Acid. phosphor.*, *Phosphor.*, *Kali nitr.*, *Acid. nitr.* and *Clematis*, also *Psorin* and *Mercur.*, are useful remedies.

In psoriasis invet. a few doses of *Sulphur* are indispensable, were it for no other reason than because it corresponds to the subjective symptoms. If these symptoms should be very marked, *Sulphur* has to be continued for some time. The physician has of course to determine how long. The next best remedy is *Lycopodium*, particularly when the crusts are traversed

by deep and painful rhagades secreting pus. If the eruption should get worse under the action of *Lyc.*, if it should increase and become ichorous, *Sepia* is a good remedy. *Merc.* and *Nitric acid* are to be used when the eruption has a syphilitic or mercurial-syphilitic origin. *Sulphur* springs are most certainly very useful for such eruptions. For the deep and frequently painful and burning rhagades on the hands and feet, particularly on the margins of the fingers and toes, I have almost always employed *Hepar sulph.* with success; when *Hep.* was not sufficient, *Sarsaparilla*, and when this remedy failed, *Arsenic*. When bakers and persons that work in dry and dusty substances are attacked with this trouble, *Silicea* and *Graphites* were found the best remedies, sometimes *Aurum*.

For the rhagades of the lips, such as are frequently observed in children, *Puls.*, *Mez.*, *Acid. phosphor.*, *Zinc.*, *Arnica*, *Ignat.*, *Merc.*, *Natr. mur.* For rhagades of the nipples, I give *Sulphur* and *Graphites*.

For scurf around the eyes, *Merc.*, *Sepia*, *Phosphorus*, *Iod.*, *Lycop.*, *Natr. mur.*, *Staphys.*, etc., are good remedies.

### § 32. *Herpes*.

A vesicular eruption, non-contagious, running in most cases a regular course marked by growth, maturity and decrease, and terminating in from 10 to 12 days or a fortnight. The eruption, when considerable, is sometimes accompanied by great constitutional derangement, sensation of heat and prickling, and sometimes by intense, deep-seated pain in the affected parts. The lymph in the vesicles, which is at first clear and colourless, becomes gradually turbid and thick, sometimes changing even to crusts; in some cases a considerable quantity of lymph is discharged, giving rise to large sores. Bateman adopts the following classification of this disease.

### § 33. *Herpes phlyctænodes*.

This eruption is preceded by a slight fever which

lasts a few days, after which irregular groups of vesicles make their appearance, which are filled either with a colourless or brownish lymph. In a few days new groups break out. The place where the vesicles appear is not definite, but it is perfectly certain that there are seldom more than two or three groups at first. The fluid in the vesicles soon becomes turbid, and on the fourth day, or thereabouts, the inflammation around the vesicles becomes more intense; they break, discharge their contents, and then become covered with yellowish crusts, which fall off after the lapse of 8 or 10 days, leaving a red, sensitive surface which assumes very slowly a healthy appearance. The eruption lasts a fortnight, new vesicles making their appearance all the time. The eruption causes a good deal of burning, itching and stinging, particularly in a warm room or bed.

The eruption is almost always accompanied with an erethic fever, and the reproductive functions are likewise suffering. For the precursory symptoms, I refer the reader to the first part of this work. I ought to state, however, that *Belladonna* and *Mercurius* seem excellent remedies when the skin begins to show symptoms of irritation, though they are likewise suitable without this symptom, provided the remaining symptoms correspond.

If the eruption should nevertheless make its appearance as above described, the following remedies will have to be used: *Calomel*, first trituration, when the lymphatic vessels which run from the place of the eruption look like inflamed cords; *Natrum mur.*, the principal remedy according to Hahnemann and Stapf; *Ammon. mur.*, *Mez.*, *Clematis*, *Canthar.*, *Hepar sulph.*, *Ranunc. bulb.*, *Phosphor.*, *Arsenic.*

#### § 34. *Herpes circinnatus.*

This eruption is formed of small circular spots, from whose border small roundish vesicles, upon a slightly inflamed basis, start up close to each other, sometimes forming a wreath. They are filled with a

substance which is first clear, and afterwards looks straw-coloured. The vesicles break in from three to four days, and form dark-yellow, brownish-looking crusts, round which a new wreath of vesicles makes its appearance, which runs the same course. The skin in the centre looks rough, cracked, dark-red, and peels off. The general health is scarcely ever disturbed, but the patient complains of a disagreeable itching and burning. This variety is frequently seen in children; it frequently lasts the whole summer, disappears in winter, and returns again when the mild weather sets in.

This eruption frequently disappears of itself in from 8 to 10 days. When it lasts the whole summer, it is best to interfere with medicine. I have sometimes cured the eruption with a few doses of *Sulphur*, followed towards the end of the cure with a few doses of *Sepia*; these remedies sometimes prevent the recurrence of the eruption the next year.

Herpes labialis is very similar to herpes circinnatus; it disappears of itself in a few days.

### § 35. *Herpes præputialis.*

The patient first perceives a burning and itching in the prepuce; soon after, one or more spots make their appearance, from which a number of small, very transparent vesicles start up close by each other; they increase in size in from 24 to 30 hours, after which the fluid which they contain becomes turbid and milky. They become confluent on the third day, and are then like pustules. The vesicles which are seated on the inner, damp surface of the prepuce, break for the most part on the fourth or fifth day, generally in consequence of friction, and then form slight sores. These vesicles are seated upon a spot of a darker redness than the surrounding skin, and are somewhat raised on the skin. After breaking, an excoriated surface is perceived, constantly secreting an ichorous fluid, whilst the surrounding mucous membrane secretes a yellowish, fetid, gonorrhœal mu-

cus (balanorrhœa), in consequence of which phimosis or even paraphimosis may arise.

Chancre is distinguished from herpes præputialis by the following characteristic appearances. In chancre only one vesicle starts up, of the size of a pin's head, of firm consistence; whereas in herpes we observe red, raised surfaces, with small, rapidly breaking, not very conspicuous vesicles. The chancre is not raised on the skin, nor does it develop itself as rapidly. The difference is more obscure after the chancre had been treated with mercurial ointment. The disease attacks men with a long prepuce, who had formerly been suffering with herpes or scabies, and in whom a considerable quantity of smegma is secreted.

Cleanliness is the first step toward a cure. When the herpes is external, the affected parts should be enveloped with a piece of linen covered with althea-ointment; for internal herpes, injections of tepid milk or a decoction of althea have to be resorted to, and the parts should be carefully cleansed after urinating. For herpes which is seated on the inner surface of the prepuce, *Merc. præcip. rub.*, first and second trit., morning and evening, is the best remedy; this may be followed by *Nitric acid*, if the former remedy should not remove the disease in three days, or should give rise to violent itching. *Acid. phosphor.* is preferable when the eruption is more concentrated around the frænulum. When seated on the outside, *Hep. sulph.*, *Silic.*, or *Sepia*, and particularly *Petrol.*, are indicated; the latter remedy more especially, when the eruption is accompanied by constant diarrhœa.

### § 36. *Ecthyma*, or *Rhypia*.

This kind of herpes is the same as the former, except that in ecthyma the eruption is seated upon a dingy-red, and in herpes præp. upon a bright-red basis. The treatment is the same.

*Impetigo.* This eruption is not contagious, nor is it



accompanied by fever; it is seated upon a bright-red basis, which sometimes has a violet or purple-red tinge. Groups of small vesicles, not very circular at their basis, and somewhat acuminate, start up; they are filled with pus, break, and then form a crust. There are several varieties of impetigo, all requiring a different treatment.

§ 37. *Impetigo figurata.*

This variety includes the variety termed *impetigo sparsa*, which requires the same kind of treatment.

Imp. fig. first appears in circumscribed spots of various shapes, generally small and round at the upper, but large, oval and irregular at the lower extremities. They rest upon a dark-red, purple-coloured foundation, from which start a number of yellow pustules, that break in a few days; then the skin appears very tight, and exhibits a number of foramina corresponding to the single vesicles. These foramina discharge an ichorous fluid, which corrodes the surrounding parts, causes a good deal of itching, heat, and pain, and afterwards changes to a yellow or dingy-green scurf. If these sores heal, the healing proceeds from the centre, the scurfs fall off within three or four weeks, and leave a rough, somewhat thick and brittle surface, which is disposed to crack and to become excoriated. In this way the disease is sometimes prolonged for several months. The disease frequently disappears in the winter, and returns again next spring; it most frequently befalls bakers and millers, and is more frequent on the upper than the lower extremities. In old people, the lower extremities are generally affected, and the eruption is accompanied with derangement of the digestive organs.

One of the principal remedies is *Sulphur*, particularly if given in sufficient quantity, and if sufficient time be allowed for each dose to act. Sulphur is not counter-indicated by an inflamed basis, and the burning and itching point to Sulphur most undoubtedly.

*Graphites* is clearly related to Sulphur; impetigo fig. seems to be the specified sphere for the curative action of that medicine. If the eruption should be seated upon an inflamed, bright-red foundation, with violent tensive pain, a few doses of *Belladonna* should be administered before any other remedy is given. If the inflammation should be accompanied with considerable suppuration under the crusts, and if the eruption should show a tendency to spread, *Mercurius* deserves a preference. In old people, impetigo on the legs is very apt to assume a putrid character, with burning pain all around; the remedy is *Acidum mur.*, in repeated doses. If a good deal of corrosive should be secreted, *Mercurius*, *Conium*, and *Carbo veg.* are good remedies. *Sepia* is a distinguished remedy when the eruption is very moist, with itching and burning. Even *Chamom.*, *Puls.*, *Rhus t.*, *Viola tricol.*, *Colocynt.* or *Asa.*, *Silic.*, *Arsen.*, *Calc. carb.*, *Acid. nitr.*, may be indicated by the symptoms. The parts should be kept clean, and should be covered with a little cream or sweet oil.

### § 38. *Impetigo rodens.*

This eruption is not very frequent, but obstinate, and is sometimes confounded with cancerous, syphilitic ulcers. This eruption is chiefly seated where the wings of the nose join the cheeks. A dark spot first makes its appearance, with violent burning, from which several acuminate pustules start up, breaking in a short while and forming a thick, green or brownish crust, under which the destruction of the soft parts continues. Not only the integuments, but even the muscles and cartilages are destroyed, (the bones never,) and enormous deformities are thus occasioned, which never disappear. The surrounding skin is very tight, the epidermis cracks and scales off. In females, the disease sets in before the age of pubescence, and is accompanied by derangement of the menstrual functions. The disease sometimes affects

the breasts. Men are likewise liable to that disease, without any syphylitic taint being present.

The remedy from which I have derived the greatest success in the treatment of this disease, is *Staphysagria*, in repeated doses. *Phosphorus*, *Sepia*, and *Mezereum*, seemed to be less efficacious even when indicated by the symptoms. In one case the cure seemed to be most promoted by the *hydriodate* of *potash*, and in another again by *Staphysagria*, together with a vapour-bath every other day. In females, the remedies have to be chosen with reference to the menstrual functions.

### § 39. *Sycosis*.

This eruption is of the class "porrigo." It consists of clusters of inflamed, dark-red, frequently confluent, fleshy tubercles, breaking out in the region of the whiskers, and on the borders of the hairy scalp, and discharging a kind of ichor. Authors distinguish *sycosis menti* and *s. capillicii*.

*Sycosis menti* is characterized by irregular, circular groups of blotches of the size of a pea, bright-red, conical, hard, and very painful. After the lapse of from 8 to 10 days, pus is seen in the tips of most of the pustules; this is discharged in a few days, and forms a crust which causes the hairs of the beard to adhere, and makes it impossible to shave. The disease generally commences at the lower lip, whence it spreads towards the neck and ears.

In *syc. cap.*, the blotches appear likewise in circular groups, but are softer and more acuminate than in the former variety; the suppurative process is more rapid and more penetrating; the pustules run into each other, forming a rough, ulcerated surface, which looks like the contents of a fig, and secretes a humour with an offensive, rancid smell. This variety first appears on the posterior border of the hairy scalp, whence it spreads towards the temples and ears, sometimes following the borders of the hairy scalp. Sometimes the hairy scalp itself is covered with the

eruption, in which case the ear swells, becomes red, is covered with a similar eruption, and even a discharge of pus takes place from the ear. Both varieties appear most frequently during manhood, and are very often accompanied with derangement of the digestive functions.

§ 40. *Ars.*, *Led.*, *Staphys.*, *Thuja*, *Spigelia*, *Hep.*, *Silic.*, *Sulph.*, *Ammon. mur.*, *Magnes. mur.*, *Graph.*, *Carb. an.*, *Cic.*, *Con.*, *Oleand.*, etc., are the best remedies for this disease.

I have found *Arsenic* more efficacious than any other remedy, particularly when the eruption on the back part of the head had covered a good part of the hairy scalp, and the hair presented an appearance as in *plica polonica*; the smell was penetrating, musty; the lice, itching, and gnawing, were intolerable; sleep disturbed. *Ledum* is an excellent remedy when the blotches extend along the border of the hairy scalp on the forehead, as is frequently seen in drunkards. Next to this remedy is *Conium*, when the blotches increase to a tolerable size and are painful to the touch. *Hepar s.* is a good remedy in both varieties, when the eruption is sore to the touch. In the former variety, *Thuja*, *Sulphur*, *Carbo*, *Oleander*, etc., will be found particularly suitable, together with the above-named remedies.

These few remarks on the treatment of cutaneous eruptions are not sufficient, but they embrace everything which I am at present able to offer. Our provings with respect to eruptions are exceedingly imperfect, and it will require the united efforts of all the good men in our profession to supply the deficiency.

## TENTH CLASS.

§ 41. *Scrophulosis and tuberculosis.*

According to modern pathologists, scrophulosis and tuberculosis are identical. The morbid product by which those diseases are characterized, contains a good deal of albumen and caseine; it is cellular, the cells being very imperfect, and breaking down easily.

In describing the treatment of those two forms of disease, I shall preserve their different nomenclature, and shall first speak of

(a). *Scrophulosis.* This class is very extensive, and is characterized by the following properties.

1. *Scrofulous disposition.* Scrofulous parents always give birth to scrofulous children. A scrofulous constitution is indicated by the following appearances: large head, particularly the occiput; short, thick neck; sunken temples; broad jaws; puffed face; frequent swelling-up of the upper lip and nose (principal symptom); blond hair; fair skin with red cheeks; generally blue eyes and large pupils; plethoric, full habit; flabby, spongy flesh; distended abdomen; frequent bleeding of the nose, and continual accumulation of mucus in the lungs, trachea, nose, and intestinal canal; worms; irregular stool, the bowels being at times constipated, at others loose; animated disposition, with premature development of the mental faculties; retarded development of the body, such as slow dentition, etc.

2. *Fully developed scrophulosis.* The most characteristic symptoms are: Glandular swellings and indurations, first on the neck below the jaws, on the nape of the neck, afterwards in the axillæ, groins, and finally all over the body; the swellings are at first soft, painless, moveable; afterwards they become harder, larger, painful, inflamed, and, finally, suppurate and form

scrofulous ulcers. Glandular swellings likewise take place in the interior of the body, particularly in the mesentery, lungs, also in the liver, spleen, and even in the brain; glandular organs, particularly the eyes, are frequently in a state of inflammation, (scrofulous ophthalmia); other symptoms of scrophulosis, are: frequent, chronic blennorrhœa (otorrhœa, fluor albus); cutaneous diseases (achores, favus, tinea); tetters; constant distention of the abdomen; lymphatic swellings; extravasations; indurations; scirrhus; swelling of bones, (spina ventosa, pædarthrocace); caries. According to Hufeland, cretinism is the most perfectly developed form of scrophulosis. If the disease should last a length of time, it terminates in atrophia mesenterica, tabes scrophulosa, hydrops, (particularly ascites and hydrocephalus,) and cancer scrophulosus, particularly on the lips and face.

§ 43. The course of the disease varies. Sometimes it is confined to childhood, and disappears at the age of pubescence. In the generality of cases, it first breaks out in the second and third year, and is frequently excited by accidental causes or pathological irritations, such as wounds, teething, acute fevers, particularly exanthematic and contagious acute diseases, small-pox, measles, scarlatina, and even by vaccination. In some cases, the disease breaks out between the age of 20 and 50. Spring seems to have considerable influence on the development of the disease, likewise the increasing moon.

Remote causes are: scrofulous or syphilitic parents, or parents that have indulged in excesses of all kinds; nursing from debilitated, sickly, scrofulous or syphilitic mothers and nurses; close, damp, chilly air; uncleanness; food made of bad flour, heavy, not sufficiently risen; potatoes; abuse of brandy; sedentary life or want of exercise; premature mental exertions; acidity; worms in the primæ viæ, etc. (Hufeland.)

Terminations: 1. Recovery, generally slow, with gradual disappearance of the oxalic or benzoic acid from the urine. 2. Partial recovery, with cicatrices,

leucoma, staphyloma, curvature and disorganization of bones. 3. Phthisis, dropsy. 4. Death, in consequence of one or the other aforementioned diseases setting in.

The prognosis is not generally unfavourable, and depends upon the following circumstances: It is unfavourable in subjects of a scrofulous habit, or when the scrofula was transmitted by birth. The disease is the more difficult to cure, the longer it lasts; the cure is less difficult when the disease is limited; scrofula of the digestive and respiratory organs is more difficult to cure. The prognosis depends a good deal upon the external influences with which the patient is surrounded. When dropsy and phthisis set in, the patient's life is in great danger.

#### § 44. *General treatment.*

It frequently takes months and years to cure this disease. If the same remedy should have to be used a long time, we frequently have to interrupt the use of the agent for some time, lest the organism should lose its sensibility to the action of the drug. The diet requires to be attended to; it must be nutritious, and yet light; not too much meat, and a proper admixture of vegetables, such as carrots, parsnips, etc. The patient's beverage should be pure water, light beer, etc. A pure, healthy air is indispensable, particularly country-air in a dry region; the patient should use as much fresh air as possible, and have his room properly ventilated; cleanliness is indispensable, frequent change of linen, etc. Exercise is required, and the patient should wash himself with cold water all over every day, and use a tepid bath every other day, with a little soap or malt.

Besides the above-mentioned general hygienic means, I have frequently employed *Cina* with success for the purpose of eradicating a scrofulous disposition. In other cases, *Belladonna*, not too low. After *Belladonna*, a little of the disease sometimes remained, for which I sometimes gave *Ferrum acet.*, sometimes *Cinchona*. Those remedies were administered at long

intervals. *Arsenicum*, *Calc. acet.*, *Rheum*, *Nux v.*, *Ignat.*, *Puls.*, etc., have likewise proved more or less useful. *Sulphur*, particularly the triturations, *Calc. carb.*, *Aurum metallicum*, and *Magnesia carb.*, are the principal remedies for the removal of a scrofulous disposition. These remedies, and, moreover, *Sepia*, are likewise useful, when the disease has developed itself and is characterized by the following symptoms: The upper lip is frequently found swollen and pale, even indurated; this condition, with the whole disease, frequently yielded to *Dulcamara*. In some cases, *Bovista* was required. In most cases, *Silicea* will be found preferable.

I have derived essential benefit from *Oleum jecoris aselli* in every form of the disease, especially in the precursory stage, when no particular organ was yet affected: the patient looked pale, emaciated, the muscles became flabby, the patient showed an aversion to meat and vegetables, and wanted to eat bread and butter all the time. I gave it in teaspoonful doses, morning and evening, almost always with success. In scrofulous affections of bones it likewise proved useful, but less so in other forms of the disease.

The symptoms of a morbid assimilation and nutrition become more and more visible. Flatulence, constipation, discharges of tenacious, slimy, clayey substances, worms, set in. The development of the body is disturbed. Dentition is slow, retarded, irregular; (for troublesome teething, when there was a constant irritation about the gums, I always gave *Calc. carb.*, which removed the difficulty in a few days;) the bones remain soft, and the muscles weak, longer than usual. The mental development is premature, there is considerable itching of the sexual organs, even in little children, the sexual instinct is prematurely developed, mucous discharges from the vagina take place. Cutaneous eruptions likewise make their appearance at an early age.



§ 45. We now come to speak of the more developed disease.

At first, it appears like an affection of the lymphatic glands. The lymphatic glands and vessels, particularly on the neck and nape of the neck, become swollen and indurated. In old people, the inguinal glands are principally affected, whence the disease spreads to the uterus and prostate gland, occasioning many striking and troublesome morbid states.

The glands swell slowly, from the size of a pea to that of a pigeon-egg. These glandular swellings are even observed in the axillæ, groins, extremities, mesentery, etc. Scarcely ever a single gland is swollen, generally several together, between which the lymphatic vessels become likewise hard, and feel like a knotty thread. The swellings are at first soft and movable, afterwards hard and fixed. They remain generally painless until inflammation sets in, leading to suppuration or greater induration.

The symptoms which existed in the precursory stage, generally remain. The child complains of acidity of the stomach and bowels, digestion and nutrition are greatly disturbed.

§ 46. Beside the above-mentioned remedies, other remedies that have a specific action on the glandular system, are indicated in this stage. *Rhus tox.*, for instance, is one of them, and is principally indicated when one of the cervical or submaxillary glands is swollen, inflamed, and hard as stone, and the other neighbouring glands are less so. The hard gland sometimes disappears in a few weeks. While this gland is becoming softer and smaller, the other glands are apt to become larger and harder, but in the end disappear with the former gland. In one case, such a glandular swelling yielded to a single dose of *Rhus*, though the gland was so hard and large that the parents of the patient, a child of five years, thought of having the gland cut out. The medicine acted for six weeks, the swelling decreasing from day to day until it disappeared. This case shows that Hahne-

mann's observation to allow a medicine to act as long as the patient is getting better, is correct.

Next to Rhus, I place *Dulcamara*, particularly when the induration of the cervical glands first commenced, in consequence of a cold, or of exposure to a damp, chilly air. These particular circumstances, however, are not required to indicate *Dulcamara*, for this agent has a specific action on the lymphatic glands, and is particularly indicated when the cervical glands are swollen to the size of a pigeon-egg, when the lymphatic vessels feel like knotty strings, and eruptions on the head and other parts of the body are present.

*Conium macul.* is an excellent remedy for glandular swellings, particularly when the cervical glands are hard and not quite without sensation, and when the child had swallowed large portions of Mercury and Sulphur, (the specific allœopathic remedies,) through whose agency the glands acquired a schirrous hardness. It is likewise indicated when the glandular swelling becomes worse after an improperly given homœopathic dose of Mercury. *Natrum carbonicum* is likewise an excellent remedy for glandular swellings. This remedy is particularly indicated by the following symptoms: liability to colds, unsteady gait, liability to stumble and slip, emaciation, nervousness and laziness, dread of exercise, starting during sleep as if in affright, profuse night-sweats, hard tubercles on the occiput by the side of the swollen cervical glands.

*Spongia marina tosta* is capable of removing a swelling of the cervical glands; with tension, pain to the touch, and impeded motion of the neck; likewise painful swelling of the scrotum and spermatic cords of scrofulous boys, particularly when there is a tendency to diarrhœa.

*Baryta carbonica* is likewise useful in the treatment of painful glandular swellings and scrofulous indurations of the submaxillary glands.

*Aurum fol.* is required for swelling of the submaxillary glands, when it became painful under the allœ-

opathic treatment with large doses of Mercury, and cutaneous eruptions of various kinds, and general debility, are present.

*Lycopodium* may prove useful when the swelling of the submaxillary glands extends as far as the angles of the jaws, and the pain is boring.

Besides these remedies, those which have been mentioned for the scrofulous disposition, and for the precursory stage of the disease, are likewise useful in this stage.

§ 47. As the disease progresses, the affection of the lymphatic glands increases, the reproductive system is involved, and secondary affections set in.

The glands become larger and harder, new swellings make their appearance, the abdomen becomes hard and distended, the functions of the abdominal organs, and more particularly those of the intestinal canal, are constantly deranged. Single glands, particularly of the abdomen, neck and extremities, are more frequently inflamed than in the previous stage. In consequence of this inflammation of the mesenteric glands, mesenteritis is apt to set in, and to terminate in the manner which I have described in the first part of this work.

An inflammation of the cervical glands and those of the extremities, is less intense, but equally dangerous; it develops itself more slowly, but induration and suppuration of the glands are apt to set in, and, in individuals with prostrated and worn-out bodies, the induration may even terminate in schirrus. Such an inflammation leads to the formation of scrofulous ulcers, which are always seated in the lymphatic glands, and, by invading one gland after another, occasion a slow suppurative process, characterized by the copious secretion of a thin, lymphatic and rather acrid humour; the ulcers look spongy and unclean, have swollen, pale, hard edges, heal with difficulty, penetrate deeply, occasioning vast destructions of the soft parts, fistula, and even caries.

Secondary affections set in. The conglomerate

glands, parotids, submaxillary and sublingual glands, the thyroid body and the pancreas, even the liver, swell up and become indurated. Deglutition is sometimes impeded, and symptoms of jaundice and dyspepsia make their appearance. Lymphatic organs generally are deeply involved in the progress of the disease. The membranes of the eyes, and the eyelids, are sometimes inflamed: hence blennorrhœa of the meibomian glands, spots and pellicles on the cornea, obscurations of sight, cataract, and sometimes even amaurosis. In this stage, catarrhs and accumulations of mucus are almost always present; the various scrofulous eruptions of which mention has been made in former paragraphs, likewise make their appearance in this stage.

The reproductive process is more and more interrupted; the patient becomes emaciated, atrophy sets in, and in some persons a phthisicky affection of the lungs, with hectic fever, takes place, gradually destroying the patient.

§ 48. Treatment of this stage: If the patient should have been under the care of a homœopathic physician from the commencement of the disease, all that the physician has to do in this stage, is to continue the treatment that had been pursued so far, to employ antipsorics or non-antipsorics, as indicated by the symptoms.

If the treatment, however, should have been conducted by an allœopathic physician, in that case the first thing the homœopathic physician has to do, is to inquire into the medicines which had been used by his allœopathic predecessor, in order to find out which of the existing symptoms belong to the disease, and which to the medicines. If the inflammation of the glands should be very bad, and should require immediate help, the remedies which have been pointed out in the first part for such an affection, may be used. In mesenteritis, *Aconite* should occasionally be given as an intermediate remedy. Before using the antipsorics, the more troublesome symptoms should always be re-

moved first by *Belladonna*, *Mercurius*, *Cocculus*, *Fer-rum*, *China*, *Dulcamara*, *Bryonia*, *Hepar sulph.*, *Rhus tox.*, *Pulsatilla*, and, if the reproductive functions should be very much impaired, *Nux vom.*, *Antim. crud.*, *Digit.* and other remedies should be used.

Among the antipsorics, I recommend *Conium*, *Baryta* and *Magnesia carb.*, but, more particularly, *Sulphur*, *Calc. carb.*, *Silicea*, *Phosphorus*, *Sepia*, *Lycopodium*.

For the treatment of scrofulous ophthalmia, I refer to the first part, adding merely that the disease will probably not yield without the use of *Calc. carb.* and *Causticum*, which may be given in alternation with other remedies indicated by the symptoms.

§ 49. In the last stage, the glandular affection and the morbid alteration of the reproductive functions reach the highest degree of development. Even the bones are affected. They become soft and yielding, even curvature sets in. The children are unable to walk properly, they crawl, move about on their buttocks, the legs are bent inwards. The heads of bones become enlarged, swollen; the diaphyses are thin and feeble; the legs become curved, the teeth carious, curvature of the spine takes place, the vertebræ become dislocated, and all sorts of deformities set in. In other cases, the bones and joints become painful, a chronic inflammation of those parts sets in, gradually leading to lymphatic or serous articular swellings, ankylosis and caries. The head becomes, likewise, enlarged in almost every case. The bones of the skull remain soft, open, recede from each other, generally owing to slowly forming hydrocephalus. The presence of these symptoms shows that rhachitis has set in.

The child looks deformed; the enormously enlarged head and abdomen are out of proportion to the rest of the body. The forehead and occiput are prominent; the eyes are deep-seated; the children look old, with thoughtful countenances; the flesh is flabby, and the highest degree of muscular debility is present.

Although the body is decaying, yet the mind re-

mains sound and is even prematurely developed. Scrophulous children have, generally speaking, more judgment and intelligence than healthy children of the same age; dulness or imbecility is seldom seen, except when hydrocephalus is setting in, in which case convulsions, epilepsy, violent headache and amaurosis, supervene.

In this stage of scrophulosis a slow fever is generally present, having the character of a lymphatic pituitous fever. It is remitting, with evening exacerbations, moderate chills and heat, disposition to sweat, particularly on the head and trunk, mucous diarrhœa and great prostration.

§ 50. The prospects of the patient in this stage are exceedingly scanty. No palliative treatment will do now. Whatever remedies are used, must be directed against the totality of the symptoms, with especial reference, however, to the condition of the bones. If a lasting improvement should set in, the patient may yet recover.

A great remedy in this stage is *Belladonna*. It should be given at once, even if the patient had been treated with antipsorics, but without success. *Belladonna* induces even then a favourable change. It is indicated by a cachectic condition, emaciation, dry skin, bloated extremities and face, distended abdomen and glandular swellings. If *Bell.* should have no effect, *Ars. album* may prove useful, sometimes even *Puls.*, *Nux vom.*, *China*, *Ferrum*, *Staphysagria*, and other remedies.

If convulsions, epileptic fits and spasms generally should be present, *Ignatia*, *Opium*, *Secale corn.*, *Calc. carb.*, *Caust.*, *Conium*, *Cupr. met.*, may prove of service, provided these medicines are likewise indicated by the other symptoms.

The principal remedies in this stage are, *Aurum* and *Asa fœtida*, then *Silicea*, next to which comes *Meze-reum*, *Phosphorus* and *Phosphoric acid*, *Calc.* and *Baryt. Carb.* In some cases, *Merc. vivus* may be used with success; in such inveterate diseases it generally,

however, acts as a mere palliative. Many other antipsorics may be required for the recovery of the patient, which sometimes is the work of years.

For the inflammation of the nose and bones, which sometimes supervenes in scrofulous subjects, I refer the reader to the first part.

§ 51. *Rhachitis, spina nodosa, bifida. Rickets.*

This is a variety of scrophulosis. It generally makes its appearance between the ninth month and the second year, and affects principally the bones. Glisson was the first who furnished an accurate description of the disease in 1650; since then, more attention has been paid to the disease, and it is probably on that account that it has been termed "English disease" by the Germans.

Rhachitis is a morbid alteration of the bones, characterized by swelling, softening, deformity, and induced by an internal morbid process, without any external violence. The symptoms, which are generally described as belonging to the precursory stage of the disease, are simply the above-mentioned symptoms of a general scrofulous disposition.

The following are the general pathognomonic symptoms of the disease: The frontal and parietal bones recede from each other, the fontanelles do not close, on which account the forehead becomes prominent, and the head acquires an unusual size and heaviness; in many cases hydrocephalus sets in. The head descends towards the shoulders, and the child is constantly trying to rest it on one or the other shoulder. Afterwards the long bones become involved; they become soft, the epiphyses swell, the diaphyses become in the same proportion thinner and longer. These swellings are most striking on the radius, elbow-joint, knees, and the lower extremities of the tibia and fibula. Hence the names of double-growth, double-joint, which the Germans give to this disease. The softened bones, yielding to the action of the muscles, are unable to retain their shape. The clavi-

cles become curved, the shoulders stand out, the spinal column is curved, either from before backwards, (cyphosis,) or sideways, and sometimes even in different directions, (scoliosis,) or from behind forwards, (lordosis,) whence a hollow back with protruded abdomen. This state of the bones leads to dislocation of the ribs and pelvic bones, curvatures and deformities of various kinds, and especially curvatures of the lower extremities, at times from without inwards, and at others from within outwards. It is a matter of course that these curvatures and this softening of the bones should finally deprive a child of the use of his limbs; hence the children are constantly seated, or they squat down on the floor, and compress the soft bones more and more. The distortion of the thorax induces asthma, and the abdominal viscera, especially the liver, are constantly compressed in consequence of the children being constantly seated. If the children should afterwards be able to walk, their gait is unsteady, they are constantly tottering from side to side in consequence of the distortion of the pelvis and the curvature of the feet. Sometimes the enlarged bones become inflamed, giving rise to local swellings, (tophi, osteomalacia,) bad suppuration, caries. The above-mentioned symptoms of derangement of the digestive organs, blennorrhœa, cutaneous eruptions, exhausting sweats, etc., now make their appearance, provided they did not exist previously.

Rickets is a very slow disease; it frequently lasts for years, and, if badly managed, leads to malformation of bones, which may be the cause of phthisis, asthma, hydrothorax, miscarriages, unnatural labour, etc.

§ 52. The remedies required for this disease are generally those which have been indicated in the chapters on scrophulosis. A few specifics will, however, be mentioned, after premising the following general remarks.

Children are most frequently affected with this disease. It likewise attacks adolescents, particularly



girls, and sets in so insidiously that considerable deformities take place before the patient is aware of it. According to my experience, scoliosis is more frequent at the age of pubescence than any other form of the disease. Among children, eight in ten generally get well perfectly; whereas, among adolescents, not more than one half that number are cured. This shows that the sooner the disease is grappled with, and the sooner the development of the psoric miasm is arrested, the more chances there are for the patient to get well. This computation only applies to curvatures of the spinal column, without any other symptom being present. If other symptoms should be present, the treatment is still more successful.

Among little children, one of the principal remedies is *Belladonna*, particularly when the abdomen is hard and distended, as is always the case in lordosis, when the child's gait is unsteady and staggering, with flabby muscles, pale complexion, and occasional flushes, sensitive pupil, etc.

The best remedy in every stage of scrophulosis, from a simple glandular swelling up to the most complicated form of rickets, is undoubtedly *Sulphur*. The action of Sulphur in scrophulosis, and particularly rachitis, is from seven to eight weeks. After Sulphur, *Calc. carb.* should be given in several ounces of water, one tablespoonful every day. It acts well upon swellings and distortions of bones, the improvement sometimes going on visibly for several weeks. *Silicea* is excellent for diseases of the bones generally, and particularly for osteomalacia, tophi, and caries. If Sulphur should still be indicated after *Silicea*, it ought to be repeated, as the other remedies which might have to be employed act better after Sulphur than they do without.

I have employed with great success, *Brucea anti-dysenterica*, particularly when the feet were turned outwards, and the children walked on the inner ankles.

*Acidum phosphoricum*, *Phosphorus*, *Mezereum*, and

particularly *Asa fœtida*, *Nitric acid*, *Lycopod.*, and *Petroleum*, should not be forgot in the treatment of rickets.

For caries and pædarthrocace, I have used with great success, *China*, *Pulsat.*, *Hep. sulph.*, *Staphys.*, *Cuprum.*, *Mercurius*, *Dulc.*, *Rhus t.*, *Asa.*, and *Meze-reum*.

To a scrofulous individual that had been suffering for some time past with excoriation of the nostrils and fauces, I gave one dose of *Mezer.* 3, and the disease disappeared entirely in a week.

Hydrocele sometimes supervenes as the symptoms of scrofula develop themselves. Formerly I used to employ *China*, *Mercurius*, and *Digit.*, for that affection, with more or less success. *Silicea* is now my favourite remedy.

According to more recent observation, *Hepar sulph.* is preferable to Sulphur in the treatment of scrofulous affections, though Sulphur is by no means indispensable.

I have performed many beautiful cures with *Psorin*.

### § 53. (b). *Tuberculosis*.

According to Schoenlein, scrophulosis and tuberculosis are not identical, but analogous forms of disease. He endeavours to show this by a comparison of their anatomical and physiological character. If there be a difference between those two diseases, it is probably limited to the distinction made by Hufeland, viz.: a division of the symptoms of scrophulosis in external and internal. In the former case, the glands, lymphatics, skin, and, generally speaking, the external parts of the body, are principally affected; in the latter, the mesentery, lungs, brain and bones. The external symptoms might be looked upon as characterizing scrophulosis, and the internal tuberculosis. However, I shall carefully refrain from taking sides with any existing pathological theory, admitting, however, that Schoenlein's views are well deserving of a careful examination.

*Etiology*: The development of tubercles is propor-

tionate to the age of the patient ; it reaches its acme when the affected organ is fully developed.

*Hereditary disposition* : Tubercles only begin to form when the organ is fully developed, except in exceptional cases, where the development is excited by accidental causes.

*Tuberculous habit* : In children with this habit, we notice a remarkable tendency to the formation of carburetted hydrogen gas and pigmentous secretions, either in the shape of mucous patches, or a peculiar colouration of the skin, which is different, however, in the different forms of tuberculosis ; in tubercles of the lungs, for instance, the skin is rather brownish ; in tubercles of the liver it is greenish, as in chlorotic subjects.

*External causes* : Suppression of the cutaneous secretions.

The course of a tubercle depends upon the season. In the summer, for instance, the development of the pulmonary tubercle is arrested, whereas it proceeds very rapidly in winter, when the cutaneous secretions are more or less suppressed. It is the reverse with tubercles of the liver : their development is promoted by every cold or inflammation.

*Terminations* : 1. In recovery, by shrinking or ossification of the tubercles, deposition of earthy substances. 2. In some other disease : phthisis, by liquefaction of the tuberculous substance ; dropsy ; death. Tubercles of the liver lead more to dropsy, whereas pulmonary tubercles lead principally to phthisis.

The prognosis is unfavourable. It depends upon the duration of the disease. At first, it might, perhaps, be possible to save the patient, provided it were not so difficult to recognise the existence of tubercles from the very commencement. The prognosis depends likewise upon the existing cause : hereditary disposition and a tuberculous habit are very unfavourable ; tubercles which come on as a sequel to acute exanthemata, are less dangerous than those which owe their origin to arthritis, scrofula, or impetigo. It de-

pend upon the organ where the tubercle is seated, upon the greater or lesser importance of the organ, upon the extent of the affection, the age of the individual. Young people are in greater danger than old, except when the liver is the seat of the disease. In tuberculous phthisis and dropsy, the prognosis is very unfavourable.

§ 54. *Pulmonary tubercles.*

They are occasioned by various causes, and, according to Schoenlein, are characterized by different symptoms, every variety running a different course, and requiring a different treatment.

The simple pulmonary tubercle is present in individuals with a tuberculous disposition. The patient complains of a dull pressure below the clavicle in the upper portion of the lungs. This pressure varies from time to time, drawing or even tearing pains shoot from the pectoral muscles towards the upper arm, with sensation of numbness and heaviness in the latter part. These pains are generally considered of a rheumatic nature. The patient coughs in the evening on going to bed, and on rising in the morning; the cough being generally dry, spasmodic, with expectoration of a simple, gray tracheal mucus, which is sometimes streaked with blood. Percussion yields a dull, faint sound below the clavicle, or between the clavicle and scapula. This sound being at first limited to a small space, the attempt to percuss the chest has to be repeated several times. The respiratory murmur at this place is very indistinct, sometimes a mucous rattle is heard in the bronchi. The patients lose flesh in spite of a great appetite. The disease generally appears between the ages of 18 and 30; it is less frequent after this period. It is more frequently occasioned by bad nourishment and the abuse of spirits, than by a suppression of the cutaneous secretions. The disease generally terminates in phthisis, preceded by frequent hemorrhages from the lungs. This state is accompanied with hectic fever, which

generally sets in in the afternoon with slight chills, followed by heat and partial night-sweats.

§ 55. *Treatment of the simple pulmonary tubercle.*

The patient should live in an equal and warm temperature, wear woollen clothes, and, if necessary, have occasional changes of air. The food should be nourishing, but not stimulating, such as meat without spices, animal food is better than vegetable. His drink should be water, or sometimes a little Selter's water. Bathing in salt water is likewise to be recommended.

Among the remedies for this disease, the principal is *Bryonia*. It is indicated by the rheumatic pains, by the cough, which is spasmodic in the evening, and loose in the morning; the aching pains in the chest, the canine hunger, emaciation, and slow, sometimes intermittent stool.

*Belladonna* corresponds to the following symptoms: The patient complains of beating, stinging pains under the sternum, and sometimes under the clavicle, particularly when walking, with great restlessness and fluttering of the heart; constant titillation, with desire to cough, particularly in the pit of the stomach, the cough becoming spasmodic in the afternoon, with a little blood-streaked expectoration in the morning. In females, these symptoms are sometimes accompanied with irregular menstruation, the menses being either too profuse, or retarded, or too pale, or entirely suppressed; the bowels are constipated, etc.

*Sulphur* is an excellent remedy for this tubercle, as well as for tubercles arising from cold drink, from suppression of exanthemata, impetigines, etc. It is my belief that I have lately cured several cases of this kind of tubercles with one, two, or three doses of Sulphur. I say "it is my belief;" for I omitted to resort to auscultation or percussion; I inferred the presence of tubercles from the short, dry cough, which caused a pain in the sternum, and was sometimes so racking, that the patient thought the chest would fly

to pieces, accompanied with a sensation as if vesicles were breaking in the interior of the chest,—asthma, wheezing and rattling being sometimes present; the cough generally set in in the evening, forenoon, or morning. The alvine evacuations were generally irregular, at times diarrhœic, but most of the time insufficient; the patients complained of weakness, became thin, perspired on taking the least exercise, and were easily low-spirited and put out of humour.

*Pulsatilla* is related to Sulphur, at the commencement of the disease, except that the cough is a little loose in the day-time, dry at night, passing off when the patient sits up, and coming on again when he lies down; there is a sticking pain from the right clavicle to the arm. The bowels are generally loose. The menstrual irregularities afford likewise proper indications for the use of *Pulsatilla*.

*Calc. carb.* is an indispensable remedy in incipient tuberculosis. It is indicated by the following symptoms: Lowness of spirits, titillating, dry night-cough, with expectoration of a little viscid, yellow mucus in the morning; sensation as if the lungs could not be sufficiently expanded, as if the chest were too narrow; palpitation of the heart, which reverberates as far as between the scapulæ. Sudden emaciation of otherwise robust patients is likewise an indication for this medicine.

*Lycopodium* corresponds to most of the above-named symptoms, particularly to a grayish expectoration.

*Nux vom.* is indicated by a dry, painful cough, with pressure from within on the upper part of the sternum, headache as if the skull would fly to pieces, pain in the abdomen as if bruised; its use sometimes has to be persevered in for a long time. Constipation, bilious temperament, fondness for spirits, are likewise indications for *Nux*.

*Kreasotum* is likewise useful, particularly when the above-mentioned symptoms succeed an attack of influenza, accompanied with a wheezing, spasmodic cough, inducing retching and expectoration of a quan-

tity of thick, whitish mucus; the patient complains of a weight on the sternum as if it would be pressed in, the distress striking even to the clavicles, and involving the cervical muscles.

All the remedies which have been indicated for scrophulosis, deserve attention in the treatment of tubercles.

§ 56. *Menstrual and puerperal tubercles.*

I mention this variety merely for the sake of completeness, as the treatment is the same.

The menstrual tubercles make their appearance between the age of 20 and 30; it is peculiar to these tubercles to be seated in the lower lobes of the lungs. The menses are at first scanty, and finally cease altogether, and give place to fluor albus, with menstrual colic, followed in a few days by pain in the stomach, eructations, vomiting, even vomiting of blood. In a few days the affection extends to the chest, occasioning difficulty of breathing, palpitation of the heart, cough, with bloody expectoration which sometimes smells like menstrual blood; this cough generally continues with the other symptoms as long as the menstrual flow lasts. This group of symptoms is moreover accompanied with accelerated pulse, increased temperature of the skin, and thirst. The more frequently these attacks come on, the more the lungs become affected, the intervals between the paroxysms are shorter, disappear finally altogether, until the pulmonary symptoms become permanent, except an exacerbation at the time of the menses. This remark applies to inflammation of the lungs. The disease is excited by suppression of the menses in consequence of cold, exposure to wet, or a sensitive condition of the lungs at the time of the menses. The disease, sooner or later, terminates in galloping consumption, sometimes in from six to eight weeks.

Puerperal tubercles are occasioned in consequence of a suppression of the lochia, cutaneous secretions during confinement, and secretion of milk. They are accom-

panied with stinging pains in the chest within a circumscribed place, generally in the lower lobe of the lungs. A deep inspiration induces coughing, with expectoration of a large quantity of clear mucus, which afterwards assumes a dark-greenish colour. These tubercles likewise suppurate very rapidly, sometimes in from 6 to 8 weeks, occasioning death. (Schoenlein.)

§ 57. In treating this variety of tubercles, we have to select our remedies strictly in accordance with the symptoms. Stimulating foot-baths, with a slight admixture of wood-ashes, salt, soap, etc.; or even oatmeal or linseed poultices to the soles of the feet, may likewise be resorted to during the treatment.

For vascular orgasm in the chest, quick and laboured breathing, palpitation of the heart, with anxiety and restlessness, painful cough, full, hard, hurried pulse, and increased temperature of the skin, give *Aconite*, substituting for it *Belladonna* if the stitching pain in the chest should be more acute, and the brain should be involved. When the vascular irritation is less violent, accompanied with oppression, constrictive feeling in the upper part of the chest, etc., *Phosphorus* is an excellent remedy. The remedies mentioned for pneumonia in the first part of this work, various antipsorics, and particularly *Dulc.*, *Arsen.*, *Spongia*, *Iod.*, *Conium*, *China*, *Ferrum*, etc., after the fever has subsided, are likewise suitable in this disease.

§ 58. *Tubercles arising from cold drink.*

These tubercles are very frequent; they are not easily distinguished at first, and have been first described by Autenrieth. Individuals at the age of pubescence, are attacked with this disease in consequence of taking a cold drink after having become heated by violent exertions. These tubercles set in in company with various symptoms of derangement of the stomach, such as: loss of appetite, pressure in the region of the stomach after taking the least nourishment, disposition to vomit, vomiting. The region of the stomach is somewhat distended, painful to pressure;



the bowels are alternately confined and loose. Patients generally suppose that they are labouring under a simple derangement of the stomach. The remedies which require to be used for this affection, are those which I have mentioned for gastroataxia and gastric fever; under the action of these remedies the gastric symptoms gradually disappear. If the pectoral symptoms should be well-marked, with dry morning and evening cough, difficulty of breathing, asthma; if afterwards slight stinging pains should be felt in the chest; if the cough should become loose, with expectoration of blood-streaked mucus, or pus; if hectic fever and phthisis should set in, then the following remedies deserve a preference: *Arnica*, *Laurocerasus*, *Ferrum*, *China*, *Sabina*, *Millefol.*, *Bryon.*, *Phosphor.*, *Dulc.*, *Drosera*, etc.

§ 59. *Exanthematic tubercles.*

These tubercles occur almost exclusively in young people previous to the age of pubescence; they are occasioned in consequence of the course of some exanthematic disease, such as measles and scarlatina, being disturbed in its last stage. The patients complain of great oppression and heaviness on the chest, shooting pains in the chest; short and panting breathing. Percussion and auscultation yield the usual symptoms. The cough is violent, attended with expectoration of large quantities of a clear, albuminous mucus. The pulse is very quick, hard, rarely tight; the patient sweats profusely, the urine deposits a good deal of sediment; the cheeks are red, circumscribed, glowing, with burning heat in the palms of the hands and soles of the feet. (*Schoenlein.*)

I refer the reader to the remedies which have been pointed out in the first part of this work for measles, scarlatina, erysipelas, and the diseases arising from these acute exanthemata.

§ 60. *Impetiginous tubercles.*

They generally occur in adults between the ages

of 20 and 30, in consequence of the suppression of some chronic cutaneous disease, particularly scabies and herpes. At first the patient complains from time to time, particularly towards evening, of asthmatic attacks, as if the chest were constricted, as if he had to inhale the vapour of sulphur. After a little while, the attack terminates in the expectoration of some phlegm, which is sometimes attended with a little retching. Sometimes the attacks resemble those of globus hystericus. Some time after, generally when the bad season sets in, the patient complains of stinging pains shooting through the chest, from the nipple to the scapula. Cough supervenes; this is permanent, most violent towards evening, with a serous, frothy expectoration mixed with small, crumbling, tuberculous particles, but rarely streaked with blood. The other usual symptoms of tuberculosis are likewise present.

§ 61. The specific remedy for this variety of tubercles is *Sulphur*, the triturations being the most adequate form of the medicine to be used. The cure, however, is impossible, if the disease should be far advanced. Next to Sulphur, *Calc. carb.*, *Phosphorus*, *Hep. sulph.*, etc., are the best remedies. It is expedient, in this variety of tubercles, to apply a pitch-plaster to the chest, and to keep it there for a time, and even renew it. This must have been the variety where Hahnemann saw great use resulting from the application of a pitch-plaster; and if, afterwards, he pronounced these good effects a mere palliation of the disease, it was because he, as well as all other old physicians, had only a general knowledge of tuberculous phthisis, without knowing anything of the precise mode in which the tubercles developed themselves.

§ 62. *Arthritic tubercles.*

They occur between the ages of 50 and 60, in individuals who, in former years, were affected with a fully-developed arthritis, or with mere indications of

the disease, which had disappeared or had become altered in consequence of a cold, etc.

Phenomena: The patient becomes hoarse, complains of a peculiar, burning sensation in the larynx, and down the trachea, accompanied with a constant irritation and urging to cough, and expectoration of a considerable quantity of tenacious, greenish mucus. An oppressive sensation under the clavicle soon supervenes, with decrease of the laryngeal and trachea symptoms. The symptoms of the stomach disappear likewise as the pulmonary symptoms develop themselves. Cough sets in. The expectoration contains mucus mixed with a substance resembling soaked barley; this substance sometimes appears in strings the globules being of a small size, crumbling when pressed upon with the finger-nail, and yielding a grating noise. The urine at first deposits a purple-coloured arthritic sediment; mixed with a rose-coloured acid; afterwards, when the tubercles have commenced forming, the urine clears up again, a slight sediment being at most discovered only in the urine that is emitted after dinner. (*Schoenlein.*)

This variety requires to be treated with the remedies which I have indicated for gout in the first part of this work. The following remedies may likewise prove useful: *Carbo veg.*, *Argilla*, *Phosph.*, *Nitrum*, *Sarsapar.*, *Strontian.*, *Caustic*, *Hep. s.*, *Con.*, etc. The respective indications for these remedies I am unable to furnish.

### § 63. *Hereditary tubercles.*

The parents of such patients either died of pulmonary phthisis or of some disease of the heart. The patients have a phthisicky habit, characterized by the following symptoms: Slender, delicate body; (the last joints of the fingers having sometimes a bulbous shape, and the nails being arched;) long, slender neck, without any prominence of the thyroid body; flat chest, contracted superiorly; the scapulæ are

turned forwards, somewhat wing-shaped ; (hence it is that the patients generally stoop ;) their skin is of a dazzling white ; the cheeks easily become flushed, either by a physical or moral excitement. In childhood, such individuals are subject to frequent bleedings of the nose ; afterwards, to attacks of angina, which almost always terminate in suppuration. At the age of pubescence, the chest, which had appeared perfectly sound so far, becomes congested ; palpitation of the heart sets in, the chest feels too tight ; a sensation as of something warm rising in the chest is experienced ; the patients commence spitting blood ; afterwards a purulent, crumbling substance is expectorated.

The prognosis in every variety of tubercles is generally unfavourable ; impetiginous and arthritic tubercles promise the most ; in young people the tubercles are the most to be dreaded.

§ 64. As regards the treatment of hereditary phthisis, I can only say that it has proved unsuccessful in every one of the many hundred cases which I have been called to for the last twenty years. All that I have ever been able to accomplish, was to palliate for a time the sufferings of the patient. Nevertheless it would be wrong to abandon the patient. Hufeland teaches us "never to lose hope or courage ; hope excites ideas, elevates the mind to new views, new trials, and sometimes enables us to conquer even apparent impossibilities ; he who ceases to hope, ceases to think ; apathy and mental paralysis are necessary consequences of despondency, and the patient will necessarily die because his helper had already died before him."

The treatment should begin quite early, even in infancy ; but few patients will be willing to be in a physician's hands so long. All the remedies which I have pointed out for scrophulosis, have to be used in the treatment of hereditary phthisis ; I refer the reader to them.

§ 65. *Tubercles in the brain.*

According to Schoenlein we distinguish three stages in this disease, the stage of irritation, that of convulsion and the stage of paralysis. The first stage is characterised by the following symptoms: At one spot of the head, the patient feels a dull pressure, and afterwards, around that spot, a more or less violent pain which appears periodically. Vertigo is experienced from time to time. This stage sometimes lasts for months, even years, sometimes only from 8 to 12 days; in this case, however, the inflammatory symptoms round the spot where the pressure is experienced, are much more violent, and the patients spend sleepless nights.

In the second stage, the patients are seized with epileptic attacks, which likewise occur periodically but at irregular intervals. The attacks are not preceded by the aura epileptica, but by an increase of the pressure to the highest degree of violence. The convulsions generally affect one side of the body only, but even if both sides should be affected, the side which is opposite to the seat of the tubercles, is most violently convulsed. After the termination of the paroxysm the patients feel stupefied, fall into a short kind of sopor, and constantly complain of a violent pain at the above described spot in the head. This stage likewise lasts days, months and years.

Third stage: If the tubercles exist only in one hemisphere, only one side of the brain is paralysed; but if the pons variolii should be the seat of the disease, both sides of the brain are paralysed, one however more than the other. Even when paralysis has set in, the above mentioned pressure in the brain and the stinging and burning pain all around, continue. The mental powers flag and a state of idiocy is setting in. The disease does not always run a full course; many patients die in the second stage.

Etiologically and anatomically we distinguish: Cerebral tubercles occasioned by previous gonorrhœa, and resembling gonorrhœal scrofula in external or-

gans ; arthritic tubercles which, by analysis yield the usual arthritic salts ; menstrual and impetiginous tubercles.

The prognosis is very unfavourable, particularly for the gonorrhœal tubercles ; next to these for the arthritic ; the menstrual and impetiginous tubercles are the least dangerous. The prognosis depends likewise upon the greater or lesser extent of the pain, and upon the stage.

### § 66. *Treatment.*

The first stage bears a striking resemblance to encephalitis (see first part) and the physician will do well to study the remedies indicated for that disease. The following medicines are likewise of great use : *Cina* for a sensation as if a weight were pressing downwards in one part of the head ; *Arnica* for heavy pressure which decreases during rest ; *Colocynthis* for a crampy pressure at a small spot, aggravated by stooping and a recumbent posture, sometimes accompanied with nausea and vomiting ; *Carbo veg.*, *Arsen.*, *Phosphor.*, particularly for the burning stinging pains around the spot where the pressure is experienced. There are other remedies which may be employed by way of experiment.

The second stage yields less readily to treatment, the whole nervous system being considerably involved. I suggest *Ignat.*, *Bellad.*, *Opium*, *Stannum*, *Cupr.*, *Hyscynam.*, *Calc. c.*, *Caustic.*, *Cicut.*, *Agar.*, etc.

No cure is possible in the last stage, though we may try *Rhus tox.*, *Zinc.*, *Stront.*, *Cocc.*, *Natr.*, *mur.*, *Plumb.*, *Nux. vom.*, *Anac.*, *Stann.*, *Caustic.*, *Silic.*, etc.

### § 67. *Tubercles in the spinal marrow.*

I have never seen a case of this disease. The first stage is characterized by the following symptoms : The patients complain of pressure, with a surrounding inflammation. At a circumscribed spot of the spinal marrow, without any alteration being visible, a burning, stinging pain is experienced which generally fol-

lows the course of one or more nerves. The pains are generally very acute. After a shorter or longer period the parts which receive their nerves from the diseased portion of the spine, become convulsed.

In the second and third stages, the convulsed parts become paralysed. The above-mentioned pains in the spine continue.

*Belladonna* and *Arsenic* seem to be indicated in this disease. *Cocculus* may prove useful in the second stage; this remedy has evidently some specific relation to the spinal marrow, as results from the splendid cures of paralysis of the lower limbs, which have been effected by means of that agent. *Kali carb.*, and *Caustic.*, ought likewise to be mentioned.

§ 68. *Tubercles in the liver.*

These tubercles occur principally among children. They are very rare, never exist as a primary disease, and take place only as a symptom of an extensively developed tuberculosis, particularly of the abdominal organs. Tubercles in the liver are at first accompanied with dyspeptic symptoms, sensation of pressure in the stomach after eating, distention of the region of the stomach, eructations, occasional vomiting of bilious substances and of the ingesta, slow stool with hard and burnt fæces. Occasional pressure in the right hypochondrium, and pains shooting from below upwards. The skin has a dingy gray appearance; the face is bloated. As the pains increase, the liver becomes enlarged, uneven, distended, knotty, painful.

Men are more frequently affected than females, generally between the ages of 30 and 50. The disease appears to be hereditary, particularly among drunkards.

For the treatment I refer the reader to the medicines which have been proposed for gastroataxia, gastric and bilious fevers.

## ELEVENTH CLASS.

§ 69. *Phthisis.*

By this term we generally designate a morbid process characterised by the following diagnostic appearances :

*Physiological character :* 1. In the affected organ a peculiar substance, called pus, is secreted from a diseased surface. 2. In proportion as the secretion of pus increases, the volume of the body diminishes ; a large portion of the substances which are required for the support of single organs, are consumed in the secretion of pus, whence the name of the disease "consumption." 3. The other secretions continue together with the secretion of pus ; they are sometimes even more copious than before.

*Anatomical character :* The characteristic symptom in the bodies of phthisicky subjects after death, is the diseased secretory surface. These surfaces vary in regard to shape, structure, density, extent, vascularity, the variations depending upon the kind of phthisis, the exciting cause, and the organ which is the seat of the disease. These diseased surfaces accord generally in this, that they bear a close resemblance to mucous membranes. Symptoms of consumption are likewise observed in other organs, the muscles, for instance ; their fat decreases or disappears, they become smaller in size and circumference, they are less solid and compact, etc.

The part which the general organism takes in the consumptive process, is revealed to the senses by a hectic fever, which has a quotidian or tertian type



like an intermittent fever, and sets in, when the following circumstances take place: 1. Dissolution of a pathologically-altered, organic mass, change from the solid to the liquid form. 2. This decomposed pathologically-altered substance must be taken up by the veins and carried to the heart; no hectic fever can take place where the pus is not transmitted to the heart in the manner indicated. 3. The air must have access to the suppurating surface: this circumstance does not, however, seem to be of importance. 4. The nerves of the affected organ and the central portions of the nervous system, must remain connected. (*Schoenlein.*)

The *etiology* is the same as in tuberculosis.

The *terminations* and *prognosis* are so well known, that I do not deem it necessary to recapitulate them here.

*Treatment*: There is no treatment for phthisis, properly so called. Treatment can only take place as long as the original morbid process has not yet developed itself to a perfect form of phthisis. I will nevertheless endeavour to indicate, with more or less accuracy, a few remedies which I have employed for phthisis.

It is of great importance that the patient should avoid any kind of nourishment which the organism is unable to assimilate. He has to confine himself to light, nourishing, but not stimulating food, in small quantities: fowl, venison, tender beef and mutton, etc.; milk may be used by many, particularly goats' and asses' milk, provided it is not too fat. For his beverage, the patient may use toast-water mixed with the yolk of an egg, a little dilute malt-beer with sugar, etc. The temperature must be carefully regulated, excitements must be avoided, the patient should be encouraged as much as possible, etc.

#### § 70. *Laryngeal and tracheal phthisis.*

These two kinds of phthisis frequently appear together; their symptoms are very analogous to each

other. The patient complains either of a prickling, or stinging or burning sensation at one spot of the larynx, as if from a burning coal; sometimes a constrictive sensation is simply experienced. All these sensations are likewise felt when the parts are pressed upon. If the ulcer be seated posteriorly near the œsophagus, the patient has difficulties in swallowing, sometimes amounting to dysphagia, in which case the food returns by the nose and mouth. If the ulcer should perforate the walls of the œsophagus, every little thing which the patient eats, excites a cough, accompanied with sudden regurgitation of the ingesta. The patient's voice becomes husky, until complete aphony sets in. At first, the cough is simply an irritation, with little expectoration; afterwards, the expectoration changes to purulent mucus, mixed with a good deal of saliva. The cough frequently sets in paroxysmally, with contraction of the rima glottidis, attacks of croup, constriction of the throat, and threatening suffocation. Upon examining with the finger, the glottis and epiglottis are found to be œdematous. Auscultation yields mucous rattle. There is no hectic fever until suppuration commences, in which case the pulse becomes frequent and rapid, colliquative sweats set in, also diarrhœa and dark urine.

*Etiology:* Women are more liable to the disease than men; it occurs particularly between 25 and 40. It is occasioned by tubercles, in which case it is accompanied with pneumophthisis; by a scrofulous disposition; by a cold; hence it frequently affects washer-women; by syphilis, this being one of the most frequent forms of the disease; by hysteria and ossification, which can only occur among adults.

The prognosis is unfavourable; a cure is only possible when the disease depends upon hysteria, syphilis, and a cold.

§ 71. Very little can be done for the patient if the disease have developed itself to a perfect phthisis. Whatever is to be done for the patient, has to be done

when the disease is still engaged in the precursory stage of development.

The tuberculous laryngeal and tracheal phthisis is the same as the phthisis tuberculosa; I therefore do not describe it more minutely. As regards the phthisis which is occasioned by syphilis, I have cured several cases of it perfectly. I commenced the treatment with several doses of *Merc. sol.*, when syphilitic ulcers were still visible in the throat, extending deep down, involving the larynx and occasioning hoarseness and that ominous cough with irritation, together with the burning and tickling in the region of the larynx. If large doses of *Merc.* had already been taken by the patient, I gave *Merc. corros.*, after which the ulcers soon disappeared, and the affection of the larynx became much less. There were cases where this success did not occur; I then employed with a similar benefit the *red precipitate*. If, however, the patient had been poisoned with large quantities of Mercury, as might be seen from the prescriptions, I at once gave *nitric acid*, and, by means of a careful repetition of the remedy, obtained the same result as with Mercury, except the affection of the larynx, which remained rather unchanged. *Hepar sulph.* now effected the most brilliant changes, making the disease almost imperceptible. Nevertheless, such favourable changes must not be blindly relied upon, and even the least remnant of the disease has to be removed, unless we mean to expose the patient to the danger of a relapse. *Drosera*, *Spongia*, *Iodium*, also *Phosphorus*, are useful remedies under these circumstances, and may even be given in alternation with *Hep. sulph.*, *Nitr. acid.*, or some other remedy. If the physician should mistake scrofulous for syphilitic ulcers, it is to be hoped that he will soon become aware of his error, and that he will at once administer small and repeated doses of the *Hydriodate of potash* in the place of Mercury, after which the above-mentioned remedies may likewise be used. If *Merc.* should still, however, be indicated, the *binodide* of

Mercury will prove the most available mercurial preparation.

We now come to speak of the *rheumatic phthisis* of the respiratory organs. It sets in with a hoarseness, a short, hacking cough, and discharge of a little mucus. *Dulcamara* seems to be the most suitable remedy for these symptoms; and even when the disease is already far advanced, I have derived the best effect from this medicine. *Nux vom.* is excellent, when the cough is dry and accompanied with a painful shock against the larynx. *Chamomilla* and *Bryonia* may likewise prove useful at the commencement of the disease. If the disease should be far advanced, some of the remedies which will be mentioned afterwards will have to be used.

The scrofulous form of phthisis, in the incipient stage, requires the same treatment as scrophulosis.

For hysteric phthisis, one of the following remedies will probably answer in the incipient stage of the disease: *Ignat.*, *Puls.*, *Plat.*, *Coccul.*, *Sep.*, *Nux mosch.*, *Stann.*, *Sulph.*, etc.

If phthisis should really have set in, one of the most important remedies is *Drosera*, when the hoarseness is accompanied with a feeling of pain in the windpipe, and a rough, scraping feeling of dryness deep in the throat, inducing cough, and when violent pains in the chest, purulent expectoration, and a foul, purulent taste in the mouth are present. *Causticum* is preferable to *Drosera*, when the chronic hoarseness has increased to a real aphonia, with sensation as if the larynx were stopped up with a wedge that ought to be discharged; this symptom indicates that the laryngeal cartilages have become ossified, and requires *Causticum* for its removal. *Curbo veg.* corresponds both to the chronic hoarseness, which is particularly unpleasant in the evening, and to the advanced stage of phthisis; it is more particularly indicated, when the disease seems to get worse by the least cold, particularly early in the morning, on rising, or on passing from a warm into a cold room. *Ambra*

is well known as an excellent remedy for hoarseness, and is an indispensable remedy for phthisis of the air-passages, when the dry cough is accompanied with a painful roughness, dryness, and constriction of the larynx, with difficult discharge of a little mucus. *Phosphorus* is useful for great painfulness of the larynx, aphonia, cough with titillation, induced by every little breath of air. *Sulphur* and *Hepar* are likewise indispensable in this form of phthisis, particularly when arising from a cold. *Ars.*, *Stann.*, *Spong.*, *Nitrum*, *Acid mur.*, *Con.*, *Nitr. acid*, *Ferr.*, etc., are likewise worthy of consideration.

### § 72. *Pulmonary Phthisis.*

When fully developed, this disease is easily diagnosed; cough, expectoration, emaciation, fever, co'liquations, and the physical symptoms afford sure means of obtaining a correct diagnosis. Pulmonary patients are disposed to be very little concerned about their health, to suppose that the disease is seated in the abdomen and not in the lungs, to hope more in proportion as the disease gains upon them. The disease runs the following stages.

*First Stage* : Incipient phthisis, development of the pulmonary disease. By attending to this stage in time, the disease can sometimes be checked. I have said all that I can say on this subject, in treating of scrofula and tuberculosis.

*Second Stage* : Fully developed phthisis with hectic fever. This fever is remittent, the pulse being accelerated even early in the morning; chills in the evening, sweat in the morning, hot hands, red, circumscribed cheeks particularly after a meal, emaciation, muscular debility, good appetite which even increases with the emaciation, good digestion, brightness of mind, a sort of levity in reference to everything concerning health; the patient does not estimate the danger he is in, he does not believe in the existence of pulmonary consumption. The expectoration assumes a purulent form, though the cough sometimes remains dry.

*Third Stage :* Colliquative phthisis. We speak particularly of tuberculous phthisis. Before the disease runs into the third stage, the patient is taken with blood-spitting. This symptom generally occurs in the stage of crudesceence, rarely during the process of suppuration. A second symptom is the dyspnœa ; the patient's breath is short ; he is put out of breath by ascending an eminence, going up stairs, talking, exercising ; on taking a deep breath he feels as if the chest would not expand. This feeling of stricture increases as the lungs become more diseased. Pain in the chest is the most uncertain symptom for tuberculous phthisis. At the commencement of the disease, the cough is dry, or accompanied with expectoration of a tenacious, frothy saliva ; it is particularly distressing at night, still more so on waking in the morning, afterwards it becomes troublesome after every meal, and finally disturbs the patient's rest ; it is much less in the day-time ; when the tubercles begin to suppurate, the cough becomes moister. Cough is the first symptom of the disease, it sometimes lasts for months, and even years without any other symptom ; it comes and goes, seems of a catarrhal nature and finally remains permanent. In the last stage of phthisis the cough generally abates in the morning, when the sweat sets in and the expectoration becomes more profuse ; exertions, exercise, talking, emotions, a cold or even over-heating excite the cough ; it is one of the most important and most permanent diagnostic symptoms. This remark applies to the expectoration. It is difficult to find out whether it contains pus, disorganized mucus or tuberculous matter ; even modern researches have shed very little light on this subject ; one thing, however, is certain, and this is, that the more tuberculous matter the expectoration contains, the more it renders water turbid, imparting to it a milky appearance. The expectoration varies a good deal both as regards quantity and quality ; it looks white, yellow, green, reddish, ash-coloured, blood-streaked, is at times inodorous and insipid, at others very fetid, particularly

in the last stage when the walls of the vomicæ have become gangrenous. Suppression of the sputa accompanied with aggravation of the other symptoms and debility, is a very dangerous symptom and portends a speedy death. When colliquative diarrhœa sets in, the expectoration generally decreases or even ceases altogether, accompanied with a sensation of great anxiety.

§ 73. *Physical signs.*

Small, scattered, isolated tubercles with the intermediate pulmonary tissue in a sound condition, frequently change neither the percussion-sound, nor the cellular respiration, nor the voice ; such tubercles are not recognizable either by auscultation or percussion. The respiratory murmur may either become less intense, or stronger and more puerile in a tuberculous lung ; according to Skoda ; it may be accompanied with rattling, wheezing, and whistling ; in the earliest stage of pulmonary tubercles there are indistinct respiratory murmurs (Skoda) ; according to others, these are a coarse inspiratory murmur, which is accompanied with an expiratory murmur not heard in a normal condition of the lungs and being at times feeble, at others strong like a bellows' sound. If the parenchyma between the tubercles be infiltrated with serum, but still filled with air, the percussion-sound is generally tympanitic ; if the parenchyma be condensed and deprived of air, the sound becomes dull ; if the bronchial mucous membrane be likewise affected and its continuity with the rest of the lungs interrupted, a rattling as in catarrh, is more or less heard. These phenomena are generally confined to the upper portion of the chest. Large tuberculous masses arising from the union of smaller ones, generally render the percussion-sound dull ; the dull sound frequently extends from the clavicles downwards as far as the fourth rib, and even farther down. If one or several of the larger bronchi run through the tuberculous mass, without being stopped up with mucus, pus

or some kind of exsudation; bronchial respiration, bronchophony, bronchial cough, and frequently even consonant rattle, wheezing, etc., are heard under the clavicle. The consonance ceases as soon as the bronchi get obstructed, but returns again immediately after the obstructing substance has been discharged. Deep-seated, air-containing vomicæ, situated within a portion of pulmonary parenchyma, infiltrated with tuberculous matter, yield a tympanitic sound; provided the vomicæ are of the size of a walnut or several smaller vomicæ are situated side by side with each other. A tympanitic percussion-sound is likewise heard, if one portion of the lungs is emphysematous, or if pneumothorax has set in in consequence of a vomica having been perforated; the tympanitic sound is so much clearer as the corresponding side of the thorax is more flexible and the vomica is more superficial; the sound yielded by this vomica, resembles that of a broken vessel. Metallic percussion-sound is only yielded by vomicæ of the size of a fist. Bronchial respiration is only heard when the vomica is pretty free from fluid; if it should be filled with a fluid, then the bronchial respiration gives way to respiratory murmurs (gurgling). If the walls of the vomicæ should be membranous and contain air, then even the largest vomicæ do not occasion bronchophony, bronchial respiration or consonant rattle. If the walls should be yielding, if they should expand during inspirations and collapse during expirations, in this case the dry, vesicular, crepitant rattle is sometimes heard simultaneously with other mucous rattles. (*Canstatt.*)

§ 74. Although the causes of phthisis have frequently been alluded to, yet there are many more than have been enumerated in the paragraphs on scrophulosis, tuberculosis and phthisis in general.

One of the principal predisposing causes is the *physical constitution* of the patient: flat chest, contracted laterally and from before backwards; shoulderblades that stand out like a pair of wings; a long neck; slender frame, snow-white teeth; circumscribed redness



of the cheeks, particularly after a meal; hot hands; cough which is easily excited; an irritable, sanguine temperament. *Hereditary disposition*; age, from the age of 16 to that of 25 and 30; *rapid growth*, the thorax not expanding proportionally in breadth; temperature, climate; mode of life, occupation; habitual *échauffement* of the lungs, exertions of the lungs; premature and excessive embraces; frequent confinements; excessive nursing; disposition to pulmonary catarrh; local debility of the lungs; scrofulous disposition; distortion of the body, curvature of the spine, rachitic deformities of the thorax.

*Exciting causes*: Neglected catarrh; hæmoptysis; pneumonia; violent congestion of the lungs; inhalation of irritating, acrid substances; wounds; contusions of the chest; metastasis to the lungs of some eruptive disease, measles, etc.

#### § 75. *Treatment*:

The symptoms of phthisis have been studied with so much care by pathologists that it would seem, as though their grand object had been to base upon their accurate diagnosis a safe and reliable mode of treatment. This is however not the case. Even with us homœopathic physicians, who imagine that a disease with a variety of symptoms is more easily cured than one deficient in symptoms, the treatment of phthisis is just as uncertain as with allœopathic physicians. But I must do for the best and therefore shall at once proceed to describe the treatment of

#### PHTHISIS FLORIDA, GALLOPING CONSUMPTION.

What I have said of the prophylactic measures to be adopted in dietetic and hygienic respects, in speaking of scrophulosis and the simple tubercle, is likewise to be observed in the treatment of phthisis.

This disease frequently attacks florid young girls with a sanguine temperament, animated, full and hard pulse, disposition to congestion of the head and chest, hence to bleeding of the nose and lungs; dispo-

sition to inflammation of the lungs with a dry rather than moist cough. The disease is called florid or galloping consumption on account of the circumscribed redness of the cheeks and the rapid termination of the disease in death. The following symptoms require to be observed with particular care, if the patient's life is to be saved :

Short, dry cough ; hurried breathing after the least exercise ; heat in the chest, shooting stitches, sometimes pressure between the shoulders, circumscribed redness of the cheeks. Even if not all these symptoms should be present, yet one or more is sufficient to excite attention. Afterwards hectic fever supervenes ; the cough becomes more and more distressing, with little or no expectoration ; at last diarrhœa, œdema of the feet, aphthæ, bedsores, etc., make their appearance.

§ 76. A remedy which will frequently be found indicated for the precursory stage, as well as for the fully-developed disease, is *Nux vom.*, particularly if the patient was of a plethoric habit, with a dry and short cough, or difficult expectoration of a little pus, the patient complains of pains in the chest, of a rheumatic nature ; the bowels are confined, the appetite is failing, the taste in the mouth is altered, generally sour. One dose has to be given every evening, for five or six evenings in succession.

If the disease arise from a neglected catarrh, *Pulsatilla*, *China*, *Dulc.*, *Stannum*, *Arnica*, or some other remedy, will be found indicated, when a cough with a copious, slimy or purulent expectoration is present.

If the disease should not yet be fully developed, and the larynx should be threatened, *Puls.*, *Dros.*, *Spong.*, *Merc.*, *Stann.*, *Manganum*, *Tinct. acris.*, *Hep. sulph.* or *Sulph.*, *Carb. veg.*, will be found the principal remedies.

If the disease should be accompanied with violent pains in the chest, profuse purulent expectoration, and a putrid, purulent taste in the mouth, *Drosera rotund.* will be found sufficient. A phthisis florida

which is occasioned by much spitting of blood, and is accompanied by a constant cough, with purulent expectoration, will find a suitable specific in *China*, with a few intermediate doses of *Aconite*. *Arnica* may likewise prove useful in some cases. *Stannum* is not to be omitted. *Arsenicum album* helps when hectic fever has set in, with circumscribed redness of the cheeks, emaciation, violent cough with expectoration of a yellowish matter of foul taste and smell, great want of breath after the least exercise. *Merc. corr.* is indicated by great oppression of the chest, suffocative attacks, moaning, panting breathing, hoarseness, hollow, deep cough, without ability to throw off, on account of the great weakness of the lungs. I have likewise found the *Corrosive sublimate* of great use, when the above symptoms were accompanied by the following: cough as if the mucous membrane were irritated by smoke, aggravated by talking, with expectoration of a whitish, sometimes greenish, tenacious mucus, worse at night than in the day-time; dryness of the throat and windpipe, occasioning a constant desire to drink; shooting stitches in various parts of the chest; frequent flushes of heat, with hurried pulse; cold feet, frequent sweats, great nervousness. *Ipecac.* sometimes relieves such nocturnal paroxysms of suffocative cough. It is stated by Hartlaub and Trinks, that they have cured a kind of florid phthisis with constant cough and a copious, gelatinous expectoration mixed with bloody specks, with *Laurocerasus*; I have never used this medicine. *Ferrum metallicum* is useful for cough with constant titillation, expectoration of a greenish, blood-streaked pus, excessive debility, emaciation, hectic fever, colliquation, cessation of the menses, blennorrhœa of the vagina; after *Ferrum*, one of the above-mentioned remedies is sometimes indicated.

*Digitalis purp.* is very suitable in florid phthisis, particularly when there is a good deal of vascular irritation, with bloody expectoration, crampy stitches over the pit of the stomach, increased action of the

heart, and suffocative constriction of the chest. *Phosphorus*, *Hepar sulph.*, *Sulphur*, *Lycop.*, *Nitrum*, *Calc. carb.*, *Kali carb.* : *Nitri acid.* and *Natr. mur.* are excellent remedies in this disease. In some cases, where the disease was not too far advanced, I have effected a cure with *Calc. carb.*, *Nitrum*, and *Phosphorus*.

§ 77. As regards the treatment of pulmonary consumption generally, it may be said that no disease, perhaps, is more influenced by the prevailing type of disease than phthisis. Hence it is that the catarrh which is so common at the beginning of spring or winter, affects phthisicky patients very unpleasantly, and sometimes gives their disease a sudden, dangerous turn. It is therefore the first duty of a physician, in case his patient should be attacked with the prevailing catarrhal inflammation, to cut it short as soon as possible. In most cases, this is best accomplished by means of *Aconite*, particularly when fever is present, and the patient complains of acute stitches in various parts of the chest. If the stitches should be more felt in the sides, and should prevent the free expansion of the chest, *Bryonia* will have to be substituted for *Aconite*. If the stitches should proceed from the middle or the sides of the chest to the back, *Mercurius* deserves a preference. *Arnica* is an excellent remedy for incipient tuberculous phthisis which owes its origin to a cold, subsequent to having been overheated.

There are cases where *Dulcamara* is indicated after one or the other of the above-mentioned remedies has exhausted its action, particularly when the mucous membranes of the air-passages are affected, and the symptoms have evidently got worse in consequence of the cold ; the stitches in the sides of the chest continue, and the cough is attended with discharge of a quantity of tenacious mucus, and violent oppression of the chest. This medicine is one of the best remedies in mucous consumption, and frequently effected a cure, provided the disease was not too far advanced, and complicated.

Next to Dulcamara, *Phosphorus* is an excellent remedy for mucous consumption, but likewise for ulcerated phthisis. In the former disease it is indicated when the violent cough continues day and night, is accompanied with a profuse expectoration of mucus, frequent oppression of breath, anguish in the chest, and particularly when the least emotion induces a rush of blood to the chest, and when palpitation of the heart, slight stitches in the left side, and expectoration of blood-streaked mucus, are present.

*Stannum* is a distinguished remedy in mucous consumption, but not in tuberculous phthisis. It is characterized by excessive heaviness, disposition of the patient to be constantly sitting or lying, weakness of the chest, with paroxysms of anguish, physical and mental debility, emaciation with continuance of good appetite, despondency, ill humour, flushes of heat, with general paleness and sunkenness of the face, violent, racking cough deep from the chest, with bruised pain in the pit of the stomach, and expectoration of a quantity of greenish, purulent mucus. I have never derived any benefit from *Stannum* when the patient expectorated blood; on the contrary, it seemed to me as if the blood-spitting got worse after using that medicine. The patients likewise complain of an increasing oppression in the upper part of the chest, and a feeling of hollowness in the lower.

*Pulsatilla* is an excellent intermediate remedy in mucous consumption, particularly among females, or even among men with a bland, mild temperament. The disease is frequently accompanied with menstrual irregularity, retarded appearance of the menses in young girls, or irregularities at the critical age. The patient sometimes complains of flushes of heat, the chilliness without thirst being always predominant. The catarrhal cough, which had been neglected for a long time, now distresses the patient day and night, particularly in the evening and at night; it passes off on sitting up, but comes on again on lying down; it is either dry, racking, spasmodic, or else accompanied

with discharge of a yellowish-white mucus, (this being the more frequent symptom.) Sometimes, when the menses are suppressed, the expectoration is bloody, the chest is oppressed as if from a rush of blood to the chest, so that the clothes have to be taken off as in a suffocative attack.

*China* is an excellent intermediate medicine ; sometimes it even effects a cure. Hahnemann has pointed out the cases which come under the curative influence of *China*. They are phthisicky conditions, that owe their origin to frequent bleedings from the lungs. I have cured two male patients between the ages of 30 and 40. Both were poor, and the hæmorrhage (for which nothing had been done,) had arisen from atony. These kinds of phthisis develop themselves after the second or third hæmorrhage, are accompanied by a constant cough with irritation, and a blood-streaked, purulent expectoration. The disease is very acute ; the fever generally is intermittent, and auscultation yields a crepitant rattle.

One of the most important remedies for purulent phthisis is *Kali carbonicum*. Hahnemann considers it indispensable in purulent phthisis. The provings upon the healthy show that the cough, the purulent expectoration, the peculiar pains in the chest, the wheezing, oppression of breathing which disturbs the night's rest, &c., all point to *Kali* as an important remedy for purulent phthisis.

*Nitric acid* is frequently indicated after *Kali*, particularly in the second stage of the disease, when colliquative diarrhœa has set in ; the patient is emaciated, particularly the upper arms and thighs, debilitated, irritable, anxious, suffering with palpitation of the heart ; the cough is attended with vomiting, and with a yellow, purulent expectoration. Blood is sometimes raised, and there is a rattling in the trachea which is an incipient symptom of *paralysis of the lungs* to which *Kali* corresponds ; the chest is always oppressed with short, anxious, difficult breathing as though the blood were rushing to the heart.

In many cases I have used the *acetate of copper* with great benefit. It is particularly indicated in the first and second stage of tuberculous phthisis, with colliquations, debility, prostration, emaciation, sunken countenance, palpitation of the heart, bloody cough, oppressed breathing, painful contraction of the chest, restlessness, tossing about, moist tongue, violent thirst, small pulse.

*Nitrum* is useful in every stage of phthisis. I have found it most useful for inflammatory paroxysms of the tubercles, with increased cough, stupefying headache and soreness of the chest; the cough is excited by a titillation in the interior of the chest, and is frequently so violent that it takes away the patient's breath and causes an audible palpitation of the heart. The expectoration is generally scanty, mixed with blood, even coagulated blood. At an advanced period of the disease, the diarrhœa and night-sweats are of course present.

*Digitalis* has always relieved the following symptoms: the pulse is hurried and small, not slow (this is no indication of this disease); the patient is feeble, with sudden prostration of strength; paroxysms of anxiety, cough arising from a titillation in the larynx and sometimes attended with a blood-streaked expectoration. The principal indication was the excessive vascular orgasm in the chest, audible palpitation of the heart, anguish of death, &c.

*Senega* is excellent for frequent, dry cough, or for a racking cough with difficult expectoration of tenacious mucus with oppression of the chest; likewise for incipient paralysis of the lungs with wheezing and rattling of mucus.

As regards *Lycopodium*, I think it is principally indicated in the last stages of purulent phthisis, when the chest feels raw and sore after a long attack of titillating cough, and when the patient discharges only a few flocks of pus after great efforts; fever and night-sweats are likewise present. It is particularly

useful when the disease had got worse in consequence of large doses of Mercury.

*Lachesis* is said to have been useful in every variety of phthisis. I will openly confess, however, that I am unable to point out the particular indications for this undoubtedly useful agent.

*Calc. carb.* is an excellent remedy for every variety and stage of phthisis. Only it has to be given at the proper time. It is particularly required when the patients discharge quantities of thick, purulent mucus during the morning and evening cough, the chest feeling sore, with racking stitches in the head, arrest of breathing in consequence of the oppression of the chest, as if the lungs could not sufficiently expand, &c.

*Antimonial wine*, one drop every three or four hours, relieves the cough in the last stage of phthisis, and the asthmatic difficulties.

Without indicating symptoms, I will remind the reader of the *carbonates*, *Natrum mur.*, *Con.*, *Graphit.*, *Staphys.*, *Silic.*, *Sepia*, *Baryt.*, *Mangan.*, &c.

It is highly probable that I have not satisfied the expectations of all my readers on the subject of phthisis. Those who feel authorized to complain, must do me the favor to supply the deficiencies from their own experience.

I will conclude my remarks on phthisis by adverting to a few sudden occurrences which sometimes happen in the course of phthisis and require the immediate attention of the physician.

§ 78. *Hæmorrhages from the lungs* require prompt assistance. They are controlled by small and repeated doses of *Aconite*. By this means I have frequently succeeded in prolonging the life of the patient for many years, giving in the meanwhile some suitable specific remedy for the general disease. If the hæmorrhage from the lungs should take place in consequence of the rupture of a vessel in the lungs occasioned by violent cough, *Aconite* is likewise to be given, after which the use of *Arnica* should be perse-



tered in. If the hæmorrhage should have a hæmorrhoidal origin, as would have to be inferred from pains in the small of the back, accompanied with heaviness and oppression of the chest, constipation, feeble, subdued, intermittent pulse, the best remedy for such a group of symptoms is *Kreasotum*. If the hæmorrhage should be accompanied with torpid fever, and the blood should be brown and fœtid, a few doses of *Arnica* may likewise prove useful, but *China* will be much more effectual, and may be followed by *phosphoric acid* or *Phosphorus*. In these cases it is expedient to resort to foot-baths with salt or ashes, or warm oat-meal or flaxseed-poultices.

The profuse sweats when accompanied with great debility, yield to *Mercurius*; *Acid phosph.* or *Acid sulph.* When these remedies failed, I sometimes found the tincture or an infusion of *Salvia* useful, sometimes *Tinct. Cort. Sambuci*; in other cases the third attenuation of *boletus latic.*

The colliquative diarrhœa is generally past all treatment; it arises from ulceration of the intestines in the last stage of phthisis. *Acid. phosph.*, *Mercur.*, *Calc. acet.*, *Ferr. acet.*, *Rhus t.*, *Sec. conn.*, etc., deserve particular consideration.

Aphthæ set in upon the tongue and in the buccal cavity, accompanied with violent burning, as if hot water were poured over those parts. This symptom frequently extends backwards, occasioning difficulties in swallowing and a violent laryngeal cough. This condition is met by one or two drops of sulphuric acid in one ounce of water and a little raspberry-juice, in tea-spoonful doses. This preparation is more efficient than *Merc. sol.*, which should be given if the former solution prove unavailing. If this remedy should likewise fail, *Borax* may be tried. If the aphthæ which, at first, are of a grayish-white colour, should turn yellowish and the parts should be dry, this is a very bad symptom; perhaps *Arsenic* may afford relief.

Bed-sores are a very troublesome symptom. To

prevent them the patients should spend at least one hour a day out of bed upon a mattress and a tanned deer skin; the bed-clothes should be soft, and perfectly even; the parts which threaten to become sore, have to be washed several times a day with brandy, rum, lemon-juice or dilute tincture of Arnica. If the sores should actually have set in, all washing is useless; they then have to be bandaged with a lead-ointment or cerate, composed as follows: *Cort. Querc.*, 2 ounces, water 28 ounces, boil down to 12 ounces and filter; add *extr. Saturn.* q. s. Allow it to settle, filter, and the sediment having been thrown away, add half an ounce of rectified spirits of wine. If the bed-sores should have a bad appearance, carrot-poultices mixed with potato may be applied.

A suppression of the expectoration portends the approach of death. If the suppression should be owing to supervening inflammation, it can sometimes be restored by *Aconite*, and, if pleuritic pains should be present, *Squilla* will be found useful. *Bryonia* likewise. If the suppression should be occasioned by incipient paralysis of the lungs, *Tart. emet.*, *Moschus*, *Senega*, *Nitri acid.*, *Vinum antim.*, etc., are to be used. For a titillating cough I have almost always used with effect *Bell.*, *Ipec.*, *Sep.*, *Calc. carb.*

The suffocative anguish which frequently torments phthisicky patients, is relieved by smelling of *Arsenic*, *Sep.*, *Phosphor.*, *Bryon.*, *Verat.*, are likewise useful.

§ 79. *Pædatrophia, atrophia, mesenterica infantum, phthisis meseraica.*

This variety of phthisis is one of the more advanced forms of scrophulosis. The disease attacks children of from four to five years old, it occurs very seldom after the seventh or eighth year; it developes itself gradually, the symptoms of scrophulosis preceding and accompanying the disease.

Beside the symptoms which properly belongs to scrophulosis, the following symptoms are to be observed: Frequent stools, diarrhœa, with discharge of abnormally constituted, sour-smelling or fœtid fluids,

which lack the proper bilious tinge, and are generally discoloured, gray, whitish, tenacious, slimy, and frequently resemble clay mixed with a quantity of water. Sometimes diarrhœa alternates with constipation, the reproductive functions being of course suffering. Striking symptoms from the first are : excessive voracity of the children, sour smell of the stool, cutaneous secretions, and frequently even of the turbid, jumentous urine ; the breath likewise smells sour and the patients vomit sour substances. In spite of the great appetite the child does not crave nourishing food, meat, etc., but heavy, indigestible food, sour bread, dishes made of heavy flour, potatoes, etc.

As the disease advances, the abdomen becomes more and more distended, and frequently becomes so hard that it is impossible to make the least impression upon the abdominal integuments. The symptoms of the lymphatic system become more and more prominent the rachitic state likewise develops itself, emaciation and prostration increase ; the child becomes peevish ill-humoured, taciturn, indolent. The patients complain of shooting, colicky pains, deep in the abdomen. Upon examining it, swellings of different sizes and forms are discovered in it, which are moveable and painful to pressure. These are the enlarged mesenteric glands filled with a scrofulous and tuberculous substance.

At a more advanced stage of the disease, after it has lasted a year or so, hectic fever sets in with nocturnal exacerbations, violent thirst, restlessness, sleeplessness. The child becomes more and more feeble. The pulse is at least from 90 to 100 ; there are no febrile symptoms in the day-time. The tongue which is generally without any coating, has a flesh colour, it is dry, the lips crack, the skin becomes hot and the pulse rises to 110 or 120 beats.

§ 80. This disease is generally curable, if the treatment be commenced early and be of the proper kind ; if hectic fever, emaciation and permanent diarrhœa should have set in, there is very little hope. Nevertheless, even at this stage I have sometimes effected a

cure if my directions were strictly complied with ; and have, on the other hand, failed, when my instructions in regard to diet, etc., were not strictly obeyed. In the treatment of scrofulous diseases, it is of the utmost importance to follow the strictest diet.

When the disease first shows itself, when the glandular swellings which exist here and there, do not seem to indicate an extensive disease of the glandular system ; when the stools are somewhat deranged and the abdomen begins to be somewhat hard and distended, though not to any very great extent, a few doses of *Chamomilla* will sometimes check the progress of the disease. It sometimes happens that such a dangerous condition of things is considered of no importance, and that it is owing to the teething. But even if the disease should have been overlooked for a time, *Chamomilla* will still be found useful ; for it is one of our best remedies for diseases of children, acting principally upon the ganglionic system and removing the affection of the abdominal organs by its indirect action upon these parts ; for the atrophic condition of these organs is, after all, a secondary disease. If the patient should have been poisoned with quantities of chamomile-tea previous to the homœopathic treatment, the effects of the drug have first to be removed. In many cases *Chamomilla* will be found sufficient, particularly among little infants where the good effects of *Chamomilla* are sometimes not noticed until a few doses of the medicine have been administered.

Among older children, or when the disease has become rather inveterate, *Chamomilla* yields a preference to any other medicines. The desire for sour things and the sour smell, with constant discharges of a fetid, whitish substance from the bowels, require *Hepar sulph.*, rather than *Chamomilla*, so much more as *hepar* has a more thorough effect upon the glandular system. If the alvine evacuations should be accompanied with discharges of ascarides, striking paleness of the face, a voracious appetite, *Cina* is the best remedy, whereas *China* is preferable when the

abdomen is sensitive, the patient has a voracious appetite, is prostrated and languishing, and the stools are frequent, whitish and papescent. In a few cases, constipation is present, for which *Nux vom.* is the most appropriate remedy. This remedy is likewise useful when the atrophic affection is farther advanced, the child looks sallow and bloated, is emaciated, wants to be lying all the time and complains a good deal of hunger, particularly a craving for bread; the ingesta are frequently thrown up, the child is constantly asking for something to drink, the abdomen is hard and enlarged, diarrhœa alternates with constipation, the child is out of humour. *Bryonia* is not to be neglected when canine hunger accompanies the above mentioned symptoms. If neither *Nux* nor *Bryonia* are sufficient, *Arsenic* will sometimes do, particularly when the patient complains of excruciating colic; in other cases *China* will be found sufficient to remove the remaining symptoms. Sometimes *Arsenic* and *China* have to be given in alternation, and other remedies, such as *Belladonna* have even to be added. *Pulsatilla* is indicated when the canine hunger is accompanied with slimy stools which are papescent rather than watery, and occur particularly at night. *Rhus tox.* is required when the canine hunger alternates with indifference to food, and the diarrhœa, which is accompanied with colic occurs principally after midnight. *Puls.* and *Rhus* not only remove the secondary affection, but as the reader will have seen from previous remarks, they likewise control the primary scrofulous affections.

*Mercurius*, though only a palliative remedy in scrofulous affections, will nevertheless be found eminently useful, when the following group of symptoms occurs: Suppuration of lymphatic and glandular organs, emaciation, disproportionate size of the head (hydrocephalus) and of the abdomen, frequent attacks of canine hunger after a meal, aversion to warm food, exhausting night-sweats, particularly on the upper part of the body, hacked, greenish stools with fetid, sour smell. The *corrosive sublimate* is preferable to Mercury when

hectic fever and a phthisicky condition supervene, with a short, exhausting cough which is sometimes loose but inducing a desire to vomit before the patient is able to throw off.

The best remedies for this disease are, however, the antipsorics, by means of which a cure can be effected, provided the disease is not too far advanced.

The disease may break out a second time, though this happens very seldom, provided the cure has been thorough. Even if no cure should be possible, the above-mentioned remedies will, at any rate, relieve the patient's distress.

The first and principal remedy for atrophía infantum is the *tincture of Sulphur*. It covers all the symptoms of the disease and is specifically indicated by acrid stools, making the anus, sexual organs, the inner sides of the thighs sore, and sometimes occasioning even a rash on those parts, accompanied with discharge of mucus from the vagina or urethra, an inflammatory swelling of the parts, and difficult urination.

*Magnesia carbonica* is specifically indicated by the sour smell of all the above-mentioned secretions which shows that there must be free acid in the stomach, disturbing the abdominal functions; this acidity generally arises from improper diet and the action of the medicine should be assisted by a careful dietetic regimen.

If the diarrhœa will not yield to any of the aforementioned remedies, *Phosphorus* or *phosphoric acid* will generally be found effectual. A number of other symptoms, such as glandular swellings and indurations, correspond likewise to *Phosphorus*.

Sometimes *Baryta carbonica* helps when the mesenteric glands are perceptibly enlarged, with distention of the abdomen, glandular swellings, sensitiveness of the abdominal integuments to contact, light-coloured or sometimes even bloody diarrhœic stools, etc.

*Conium macul.* is likewise a useful remedy for this disease, particularly when the following symptoms are present: sour regurgitation of the ingesta, hardness and distention of the abdomen, exhausting, watery



diarrhœic stools, the passages being attended with burning and pressing in the anus.

Some other remedies deserve to be mentioned for this disease. *Sepia*, when diarrhœa sets in every time the child eats a little milk.

*Petroleum*, when the stools are papescent and the patient finds it nevertheless very difficult to relieve the bowels. *Lycopodium* is recommended by some for the last mentioned condition. *Iodium* is another excellent remedy, provided it is given in accordance with the symptoms. Every remedy should be given in strict conformity to the symptoms; the homœopathic physician should observe them with the greatest care in every case, without relying exclusively upon my own statements.

§ 81. *Phthisis hepatica*.

I treated a case of this disease some time ago, a description of which will be given hereafter.

The disease is a sequel to hepatitis that had terminated in suppuration; it is accompanied with slight inflammatory symptoms which, however, are not troublesome; the liver is enlarged and extends beyond the border of the false ribs, it is painful to pressure, and a shooting pain towards the shoulder, and even down the upper arm is sometimes experienced. Very little can be felt externally, except when the abscess is seated on the external surface of the liver. The pus may be discharged in various ways: externally, breaking through the abdominal integuments; or into the stomach, in which case the pus is vomited up at intervals; or into the colon after adhesion has taken place between the colon and liver, in which case the pus is discharged with the stool; or into the lungs, in which case the pus is coughed up. The abscess is accompanied with derangement of the functions of the liver; icteric symptoms set in, the albuginea, and gradually the whole skin assume a dingy-yellow appearance; the urine likewise has a

jaundiced colour. The body wastes away, and hectic fever sets in.

In most cases the prognosis is unfavourable.

§ 82. I have not much to say as respects the treatment of this disease. The above mentioned case was treated as follows. It came on after a second attack of hepatitis, at an interval of one year from the former. During this time the patient felt perfectly well. The second attack was brought on by a cold, and was relieved within 6 days by the use of *Bryonia*, *Bellad.*, *Nux vom.* and *China* so far that the patient complained of nothing but weakness. Contrary to my advice the patient walked out on a rough morning, and had a violent relapse. He had to keep his room much longer than usual. He then got married and walked several miles to the place where the wedding was to be celebrated. On his return home he felt worse again. During exercise he felt a dull-sticking pain in the lower part of the liver, in the direction of the back and shoulders, which kept increasing and gradually brought on a cough. At first he expectorated, now and then only, small flocks of a dingy-gray, badly smelling substance; the expectoration increased gradually, and finally he filled half a spittoon at a time. The cough only took place when this purulent substance, which looked like spoiled cheese, and smelled like spoiled caraway, had to be discharged. Otherwise the patient was never troubled with cough, had no pain in the chest, no difficulty of breathing, not even in going up stairs or walking. The patient kept walking about the place, and did not keep his room until an acute pain in the hip of the affected side made walking difficult, and going up stairs impossible. As the affection of the liver developed itself, the limb became shorter, and a small elevation was perceived in the inguinal region. It was impossible to prevent the suppuration of the psoas muscle, which was primarily induced by the abscess of the liver. Before the psoitis set in, the above mentioned expectoration was more or less



relieved by *Stannum*, *Causticum* and *Lycopodium*. The elevation in the right inguinal region increased visibly, the limb became shorter and shorter and both cough and expectoration ceased as soon as the swelling in the side broke. The pus which was discharged from this swelling, was entirely similar to the substance discharged from the lungs. Fistulous passages formed, dropsical symptoms, decubitus and marasmus set in, and the patient died in about 12 days. The patient discharged about a quart of pus every day, and lived in all four months from the time when the discharge of pus first commenced. He took *Silicea*, *Arnica*, *Kali carb.*, *Hep. sulp.*, *Merc.*, *Phosphor.*, *China*, *Acid phosp.*, *Sulphur*, *Ars.*, *Ferr.*, *Asa.*, etc. A cure might perhaps be expected, in case the abscess should break through the abdominal integuments, in which case the wound might cicatrice.\*

§ 83. *Calculus biliarius or felleus.*

*Diagnosis*: Frequent pressure and distress in the region of the liver and stomach, particularly cramps of the stomach with vomiting. Characteristic symptoms are: paroxysms of intense pain in the region of the liver and stomach, accompanied with violent retching and vomiting, followed for some days by a yellow colour of the skin, after which biliari calculi are passed with the stool; these calculi are not stones, but a resinous, earthy, combustible mass, a concretion of bile.

*Exciting causes*: Choleric temperament, quantities of heavy, fat, animal food, scanty use of water as a beverage, sedentary life, tight lacing of the abdomen, constant grief and chagrin, suppression of chagrin while eating (hence the calculi frequently exist in unfortunate marriages).

*Treatment*: *Chamomilla* is one of the best remedies, in repeated doses and not too low. It is useful in the incipient stage, when the disease was brought on by sudden suppression of chagrin while eating, among

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\* See my note in the New Organon of Homœopathy. *Hempel.*

persons with choleric temperaments. It is indicated by painful pressure in the pit of the stomach, stomach and hypochondria, particularly after a meal, with regurgitation of the ingesta followed by bitter and bilious vomiting, restless toying about, as if in despair, violent headache, as if the head would fly to pieces.

*Colocynthis* deserves a preference when the colicky pains are more acute, and the attack was brought on by having had one's feelings or pride deeply hurt; it is more particularly indicated by vomiting of bile, with painful pressure in the region of the stomach.

Sometimes both these remedies proved unavailing, whereas *Digitalis* was the specific remedy; the yellow colour of the skin pointed to it. It removed very speedily a painful pressure in the stomach with excessive green vomiting, sudden prostration of strength and frequent fainting. The fæces generally looked white, the bowels could only be relieved by means of injections, the urine was dark-coloured. *Laurocerasus*, *China*, *Veratrum*, *Cuprum* may likewise prove more or less useful. It is very difficult to select at once a proper remedy, considering that the patient is scarcely ever able to give an account of his pains, and is very often struggling with death. *Nux vom.* and *Nux mos.* are of some use, the former particularly when the spasm is confined to the stomach, the bowels are confined, and the patient had been suffering with retching and sour eructations for some days previous. Injections of oil were likewise administered, they seemed to prolong the intermissions between the paroxysms; oil was likewise rubbed in upon the hypochondria.

*Arsenicum* is the specific remedy when the patients seem to be struggling with death; there is loss of consciousness, death-like paleness, sweat as from anguish, apathy; the fainting spells continue all the time, and the patients make fruitless efforts to vomit. In such cases I have seen a reaction commence from Arsenic in less than five minutes, which continued until the

disease was entirely banished. I have likewise prescribed Arsenic for the following symptoms : cramps of the stomach, constant colicky pains, of a most violent kind ; accompanied with furious burning in the affected parts, frequent vomiting, excessive debility, constipation, and an evident expression of pain in the features.

## TWELFTH CLASS.

### § 84. *Colliquations.*

Colliquations take place in secretory organs, either in the mucous membranes or the external skin. The secretions are increased and the quality of the secreted substance varies. Colliquations differ from phthisis in this that in the former the secretions are confined to the affected organ, being more or less suppressed in the other organs, whereas in phthisis the secretions take place in an increased ratio in every secretory organ of the body. Colliquations are likewise accompanied with considerable emaciation and chemical alteration of the blood.

*Anatomical character :* The affected organ becomes soft and is interstitially distended, destruction gradually takes place by means of erosions, not ulceration ; the muscular integuments become thicker, hypertrophied, as is strikingly perceptible in lenteria and diabetes. The organs which form a part of the affected system, are more or less disorganized. Striking loss of the fatty and organic substance. Afterwards alterations in the nervous system supervene.

### § 85. *Diabetes.*

This is a disproportionate increase of the urinary secretion, with or without alteration of the quality of the urine, inducing a morbid state of the whole organism. We distinguish diabetes insipidus and diabetes mellitus.

The latter form is the most frequent and dangerous. The urine becomes inodorous, and contains a good deal of saccharine matter when first discharged. The uric acid diminishes as the saccharine matter increases. The disease generally comes on very slowly; this is the reason why the physician scarcely ever is called, except when the disease is fully developed.

*Accompanying symptoms:* Excessive thirst, debility, emaciation. The urine is sometimes passed in enormous quantity, from 10 to 60 pounds and upwards in 24 hours; the patient is tormented with constant urging to urinate, even during sleep. Sometimes the patient complains of pains in the region of the kidneys, of a sensation as if cold drops were falling into the bladder. The sexual passion sometimes becomes extinct, the testicles shrink. The appetite increases to canine hunger, the patient has a craving for bread. The thirst, particularly at night, is unquenchable. All the other secretions are more or less suppressed; the skin feels dry, like parchment, it peels off; the bowels are bound, the fæces are hard, they have a musty smell; there is alternate constipation and diarrhœa. The gums are frequently interstitially distended, the teeth fall out. The patient becomes thinner and weaker, melancholy, at times irritable, at others apathic; the voice becomes rough, hollow, feeble: sight and hearing decrease; cataract sometimes sets in; amaurosis likewise. Pulmonary phthisis and hectic fever gradually show themselves, the urinary secretion and the saccharine matter diminishing. Colliquative sweats, swelling of the feet make their appearance. The disease terminates in exhaustion, phthisis, dropsy, or apoplexy.

*Exciting causes:* Chronic suppression of the cutaneous suppression, with matastasis to the kidneys; weakness of the kidneys and spinal marrow occasioned by sexual excesses and immoderate use of beer, tea, etc.; congestion of blood to the kidneys, suppression of the piles and menses, hysteria, hypochondria, etc. It is known that no saccharine matter is formed in the

urine as long as the patient confines himself to meat and eggs, avoiding all vegetable diet; this is not sufficient, but eminently necessary to a cure.

§ 86. Hahnemann proposes *Argentum met.* as the principal remedy, but from no other reason than because it causes frequent urging to urinate. I have never seen any good effects from it.

*Ledum palustre* always proved of service to me when the disease was occasioned by suppression of the cutaneous secretions, in which case I first gave *Dulcamara*. I gave *Ledum* for the following symptoms: Bruised feeling of the whole body, tearing in the spine, particularly the kidneys, the sleep was disturbed by frequent urging to urinate; the patient was out of humour, loss of appetite, retching, papescent stool.

*Nux vom.* always proved useful when the disease had been occasioned by abuse of beer, sedentary life, or by a cold, and when the following symptoms were present: slow stool, ill humour, hypochondria, disposition to anger, vertigo as if from intoxication, aversion to rye-bread, loathing and vomiting, excessive thirst, in spite of which the beverage oppressed the stomach and caused a disposition to vomit. Excessive quantities of urine were passed. *Nux* never did me any good when the sexual desire had become extinct. *Nux* is useful in every stage of the disease, even in the last, though help is impossible in this stage with any remedy.

The preparations of *Natrum* seem to be peculiarly adapted to this disease; *Natrum muriaticum* particularly always helped when the following symptoms occurred: the disease was excited by loss of animal fluids, or by chagrin; there was loss of appetite, headache, every step reverberating in the head; great lassitude, heaviness of the feet, retching, etc.; afterwards the characteristic symptoms become more and more prominent, the urine is voided in increased quantities, almost every half hour during the night, the sexual desire becomes extinct, the stool is sluggish and finally, constipation sets in; drawing pains in the left side

of the abdomen towards the pelvis are always present ; the patient feels low-spirited, and is solicitous for the future. The symptoms of *Natr. carb.* are very similar, which the reader will please compare.

The preparation of *Ammonium* must likewise be useful in this disease ; I am unable to state the cases where they ought to be employed, as I have never had occasion to use them.

*Squilla* will never fail to relieve the patient, when the excessive urination is accompanied with canine hunger, excessive thirst, constipation, vascular orgasm in the chest.

*Veratrum* proved useful in diabetes with canine hunger, thirst, headache, profuse coryza, colic, rumbling in the abdomen, costiveness, involuntary micturition.

*Carbo animalis* seemed to me to be more specially indicated than the vegetable charcoal. I gave it for the following symptoms : Excessive flow of urine, extinction of sexual instinct, lumpy, hard stool preceded by long, ineffectual urging, the appetite remained the same, except that the patient had a great desire for sour and refreshing things. In one case aphthæ seemed to exist on the mucous membrane of the mouth and tongue.

#### § 87. *Lienteria.*

Characteristic symptom : Discharge of the undigested food by the bowels shortly after having been taken into the stomach. The consistence, colour and smell of the food are frequently unchanged. Immediately after eating the patient frequently complains of pressure, bloatedness, coldness in the region of the stomach, eructations, rumbling, colic ; these symptoms continue until the bowels are relieved, which takes place suddenly and without any premonitory symptoms. Afterwards canine hunger and a sense of hallowness in the stomach are experienced, the latter feeling sometimes increasing to cardialgia. The thirst is extreme, tongue clean, seldom coated. After the disease has lasted a time, the skin becomes dry, cracked ; the urine which is

passed in small quantities, looks turbid, dark-coloured. The patients become weak, thin, peevish, have no sleep.

*Exciting causes*: heavy food, containing little nutritious matter, raw food, fermenting vegetable food, sour wine, abuse of drastics; exposure to wet; lenteria is sometimes a sequel to erysipelas, cholera, etc.

§ 88. *Treatment.* *Oleander* is, according to my experience, the principal remedy in this disease.\*

Next to *Oleander China* is the best remedy, particularly when the disease is a sequel to long, exhausting diseases, cholera, diarrhoea, dysentery, typhus, or when it was caused by abuse of drastics; the disease seems to depend upon atony of the intestinal canal, and is accompanied by a number of dyspeptic symptoms.

*Arsenicum* is useful in the last stage of the disease, when the mucous membrane has become disorganized. *Conium*, *Phosphorus*, *Phosphor. acid.*, *Ferrum*, *Arnica*, *Sulphur*, *Mercur.*, *Calc. carb.*, etc. may be tried now and then.

§ 89. *Ptyalism, salivation.*

This variety of colliquation affects the mucous membrane of the organs of deglutition.

The patient's mouth is constantly filled with water, he discharges from two to three pounds in 24 hours. The mucus is at first tenacious, mixed with saliva; afterwards it becomes thick, opaque, and has an insipid, sweetish taste. If the salivation be caused by Mercury, there is a peculiar smell from the mouth, the teeth feel elongated, the gums become livid, spongy, etc. If the disease should have been caused by exposure to wet, the gums become pale, shrink; the patients complain of great dryness in the mouth and down the trachea; the voice is rough and loses its clearness. The appetite is good, thirst increased; the

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\* Hartmann tells us, that in proving *Oleander* upon himself, it caused vertigo, retching, vomiting, sudden discharge by the bowels, of the food he took, undigested, etc. during 24 hours.

other secretions are limited. After the disease has lasted for a while, febrile symptoms make their appearance towards evening.

§ 90. The treatment depends upon the exciting cause.

A principal remedy is *Dulcamara*, which seems to be particularly adapted to affections of the mucous membranes and glands of the organs of deglutition, not to mention its great value as an antidote to mercury, and as a remedy for colds and glandular affections generally. It is particularly indicated when the symptoms are worse at night, when the patient discharges a tenacious, soapy mucus from the mouth, the gums are loose and spongy, the mouth is dry, with violent thirst, slight pinching in the bowels and several diarrhœic stools a day.

Next to *Dulcamara* is *Nitri acidum*, the principal remedy for mercurial ptyalism, particularly when the teeth are loose and feel elongated, the gums are swollen, the mouth and throat are dry, with copious flow of saliva, fetid smell from the mouth, soreness of the mouth, loss of appetite, constant nausea.

*Acidum sulph.* corresponds to mercurial ptyalism, with febrile symptoms and aphthæ. For other symptoms I refer the reader to the provings.

*Iodium* is an other excellent remedy for mercurial ptyalism.

I have frequently used *tartar emetic* with great benefit, in ptyalism from Mercury or other causes, one grain dissolved in four ounces of water, first a teaspoonful every two hours, then less frequently; cases which had lasted six months, sometimes yielded completely in a few days. Constant nausea, emaciation, lassitude and evening-chilliness were my principal indications for this remedy.

If the mercurial ptyalism should have lasted for some time without having been made worse by renewed doses of Mercury, the homœopathic physician will do well to commence the treatment with a dose of *Mercurius sublimatus*. If the disease should have



been caused by this preparation, then *Mercurius bijodatus* will be found the most useful preparation to commence the treatment with.

Ptyalism which had not been caused by Mercury, generally yields to a suitable preparation of Mercury, not to forget *Cinnabaris*. The following medicines are likewise useful :

*Colch. autumn.* is closely related to Dulcamara, as regards the exciting cause. It corresponds to the ptyalism which comes on in cold and damp weather, and is caused by suppression of the cutaneous secretions, with drawing, jerking, tearing pains in the joints, exacerbation of the pains and ptyalism in the evening and night ; the ptyalism is accompanied with dryness of the throat, and the patient, on swallowing food, feels sick at the stomach.

The *Cantharides*-ptyalism comes on at periodical intervals. I think that this species of ptyalism never exists without inflammation of the inner organs of deglutition, larynx and trachea, the ptyalism being in this case a secondary symptom.

*Sulphur* is indicated by a variety of characteristic symptoms in ptyalism. I have mentioned the indications for Sulphur so frequently that I refrain from repeating them in this place.

#### § 91. *Ephidrosis, sweating disease.*

Ephidrosis, generally speaking, is a mere symptom belonging to a more general disorder.

Local ephidrosis, such as sweat on the feet, sexual organs, hands, in the arm-pits, is sometimes a very troublesome and even most important symptom, for the peace of families is sometimes depending upon it. Divorce even has taken place in consequence of that disease.

This local sweat has generally a fetid smell, which makes the disease so much more troublesome. Palliative washes, alum or lead-washes should never be used, as they may give rise to blindness, asthma, deafness, phthisis, and various other diseases.

Foot-sweat particularly is very distressing. Sometimes it is caused by a badly managed affection of the skin; at other times no cause can be assigned to the disease which creeps along very slowly until its existence becomes known by the disagreeable smell. I am unable to propose a specific for this disease. The treatment should be commenced, however, with *Sulphur*, one dose every few days. Sometimes *Sulphur* acts well for days and weeks, after which *Lycopodium* will be found an excellent remedy. *Sulphur* and *Lyc.* are frequently sufficient to cure the disease entirely.

In other cases *Magnes. mur.*, *Sep.*, *Carbo veg.*, *Calc. carb.*, *Kali carb.* effected a cure.

*Cocculus* was the best remedy when the sweat was accompanied with coldness of the feet. In other cases however *Sulphur* and *Lyc.*, *Rhus tox.* or *Mercur.* had to be used.

For fetid footsweat, *Kali carb.*, *Baryt. carb.*, *Zinc.*, *Graphit.* and *Sil.* were found most suitable.

*Zincum* relieves fetid footsweat with soreness of the toes in walking; sometimes *Iodium* and *Lycop.*

Suppression of footsweat by exposure to wet, is removed by *Rhus tox.*, *Sep.*, *Natr. mur.*, etc.

A sudden disappearance of habitual footsweat is sometimes attended with dangerous symptoms, particularly when the feet become cold. *Silicea* is the best remedy for this condition.

Sweaty hands are frequently unpleasant, on account of the stains which the sweat leaves upon the things touched. *Thuja* is an excellent remedy for this affection, *Natrum mur.*, *Calc. carb.* and *Sulphur* are likewise useful.

For the sweat in the axillæ, which is frequently occasioned by tight dressing, *Sulphur*, *Bovista*, *Thuja*, *Sepia*, *Natrum mur.*, etc. are good remedies. *Hepar sulph.* and *Phosphorus* correspond to that sweat when it has a fetid smell, and *Bovista* when it smells of onions.

Sweat of the genitals is removed by *Thuja*, *Mercur.*, *Sepia*, *Sulphur*.

### § 92. *Galactorrhœa.*

The secretion of milk sometimes continues in considerable quantity, even after weaning the baby. At first the milk is unchanged, but gradually the caseine disappears, and the milk is composed of mere albumen and saccharine matter. The other secretions are less; slow stool, dry skin, suppression of the menses, sensation of dryness in the mouth; emaciation, lastly pulmonary tubercles which rapidly lead to phthisis.

*Aconite, Rhus tox., Bellad., Calc. carb., Phosphorus* have been recommended for this affection.

A sudden suppression of the milk is sometimes attended with metastasis to the abdominal organs, inducing puerperal fever. I have used with great success: *Puls., Calc. and Zincum*, to prevent the ill effects of such a suppression, and sometimes even to bring the milk back. *Dulcamara* was found most useful when the milk disappeared in consequence of a cold; in other cases *Sulphur, Chamom., and Rhus tox.* were the best remedies.

Sometimes the infant *refuses to nurse*, though both mother and babe may seem to be perfectly well, and there is an abundance of milk. *Cina* and *Mercurius sol.*, given to the mother, as much as possible, in accordance with the symptoms, remove the difficulty sometimes in a couple of hours.

### § 93. *Leucorrhœa, Fluor albus.*

*Phenomena*: The patient had contracted an acute blennorrhœa in consequence of a cold (by dancing, etc.). This acute blennorrhœa changes to a chronic, which soon assumes the character of a colliquative discharge. The patients constantly discharge mucus from the vagina, which is tenacious, resembling the spawn of toads, transparent like boiled sago, not corrosive as is the case when the affection is of a catarrhal or syphilitic nature. The mucous membrane of the genital organs becomes strikingly relaxed and shrivelled. The discharge is most profuse at the time of the menses. These continue at first, afterwards they

become discoloured and finally cease altogether. The patients lose their good appearance, the skin becomes sallow, withering and dry; the patients become thin, weak, the appetite gets lost, the patient craves vegetable food and milk; she shudders at the sight of animal food, the pulse becomes small, empty, feeble, and increases in frequency, if the affection continue for a time.

Females of every age are subject to this troublesome and lingering affection, which is not contagious, and is seated in the uterus and vagina. It is either acute or chronic. The acute affection is generally caused by the gonorrhœal miasm, and runs the same course as gonorrhœa. The difference between the two discharges is, that in gonorrhœa the urethra, and in leucorrhœa the vagina is the seat of the disease. In the latter affection urination is painless.

If the leucorrhœa arise from contagion, it comes on suddenly. Two or three days after the infection, a burning is experienced in the sexual organs, with increased temperature of the vagina, itching, titillation, stinging, tension in the forepart of the vagina; the outer organs are bloated, redder than usual, the sexual irritation is stronger, and there is even a little fever, increase of thirst, etc. After this inflammatory stage has lasted for some days, the mucous discharge commences, the mucus being thick, purulent, even contagious, and, according as the constitution of the patient is more or less strong, continuing more or less long and sometimes even becoming a permanent disease.

§ 94. Scrofulous individuals or persons with lymphatic or torpid, bloated constitutions are particularly subject to the disease. In many families the disease is hereditary. One of the exciting causes is the latent psora, which is transmitted from mother to daughter, and the development of which is favoured by a sedentary, relaxing mode of life, by indigestible, greasy, farinaceous food, abuse of warm, debilitating drinks, great loss of blood and animal fluids, previous exhausting diseases, depressing emotions, damp dwell-

ings, chilly, misty, damp weather. The disease can likewise be excited by keeping the genitals too warm, sleeping in feather-beds, abuse of foot-furnaces, masturbation, premature and excessive embraces, miscarriages and metrorrhagia, frequent and heavy confinements, etc.

Chronic leucorrhœa is not a dangerous disease, but is difficult to cure, and requires for its removal the use of various antipsorics.

§ 95. The treatment of acute gonorrhœa is a very delicate affair, inasmuch as it is scarcely ever possible to put the question relative to contagion, and it is important that the physician should not lose his patient's confidence by too much straight-forwardness. If the subjective symptoms, the nature of the pain, of the discharge, and all the peculiarities relating to it, be carefully studied, the homœopathic physician will very seldom be obliged to inquire into the first cause of the disease, if he should have to entertain a legitimate suspicion.

As was said above, the patient, in the first days, frequently complains of an increased feeling of warmth, fullness and tightness in the internal genital organs, constant, but not unpleasant titillation, which induces a constant scratching, burning during micturition, slight febrile motions. *Aconite* is an admirable remedy for this condition.

A similar condition sometimes takes place in recently married people, owing to a narrowness of the parts, and a consequent crowding during an embrace; the labia are swollen and red, with burning pain during micturition, and sometimes even retention of urine, induced by the inflammation and swelling of the urethra and inner organs. *Arnica montana* is the remedy for this condition.

If the patient should complain of a burning sensation in the vagina and labia, with discharge of thin, acrid, corrosive mucus from the vagina, constant chilliness, disposition to lie down, sadness, lowness of spirits, *Pulsatilla* should be administered.

*Cantharides* has to be administered, if there be much burning in the urethra, painful dysuria or ischuria.

*Mercurius solul.* is the principal remedy for a painful itching of the labia, swelling and painful sensitiveness of the lymphatic vessels in the labia, inflammatory swelling of the vagina, as if sore and excoriated, purulent, corrosive leucorrhœa.

For a corrosive leucorrhœa, with a foul, fetid smell. *Nitri acid.* is the best remedy; *Bovista* and *Silicea* are good remedies for corrosive leucorrhœa without smell.

I have frequently employed *Ferrum* for a smarting leucorrhœa, sometimes in alternation with *Lolium temulentum*.

*Arsenicum*, *Thuja*, *Mezereum*, *Staphysagria*, are useful remedies.

*Bellad.* and *Platina* are particularly useful when there is a pressing in the internal sexual organs from above downwards.

*Sulphur* is not to be omitted.

Chronic leucorrhœa, which depends upon the presence of latent psora, sometimes yields to one of the above remedies, but a successful treatment generally requires the use of antipsorics.

*Sulphur* is the best remedy when there is a moderate discharge of mucus, drawing pains in the loins and small of the back, lassitude in the thighs, alternate constipation and thin, liquid stool.

*Lycopodium* is indicated when the discharge takes place in paroxysms, and every discharge is preceded by cutting deep in the abdomen, the mucus looks yellowish, a pale complexion alternates with flushes of heat, abdominal complaints, deranged digestion.

*Natrum muriat.* is indispensable when the leucorrhœa is accompanied by frequent contractive pain in the abdomen, frequent changes in the colour of the face, the complexion being generally yellowish, constipation, nausea, vomiting, etc.

*Graphites*, *Conium*, *Nitri acid.*, *Calc.*, *Silic.*, *Sepia*, *Carbo veg.*, and more especially *Lycop.* *Bovista*, are eminently useful in this disease. *Stannum*, *Ignat.*,

*Guajæ, Nux vom., China, Cocculus, Arnica, Sabina, Aurum* correspond to many forms of leucorrhœa.

### THIRTEENTH CLASS.

#### CONGESTIONS AND HÆMORRHAGES.

##### § 96. A) CONGESTION.

Congestion is an increased action in the vascular system, it is a precursor of hæmorrhage, inflammation, increased secretion, etc., and either terminates in one of those processes or ceases before they set in. The vital turgescence which is the essential symptom of congestion, can easily be recognised by the suddenly increased redness and passing expansion of the parts, increase of temperature, throbbing of the arteries. It is less easy to distinguish a congestion of internal organs, and it is frequently impossible to distinguish active congestion, passive hyperæmia and real inflammation of an internal organ, unless the perceptible phenomena point out the difference. Congestion, as well as hyperæmia and inflammation, occasions a derangement of the functions of the affected organ (delirium, sensual illusions, stoppage of the organic functions, loss of consciousness, sopor, paralysis, etc.); the same as inflammation and hyperæmia, congestion induces antagonistic, sympathetic phenomena in other organs, by means of the nervous reflex, or by an unequal distribution of blood (coldness, paleness, deficiency of blood in the external parts when internal organs are the seat of the disease); congestion is sometimes accompanied with fever, the same as inflammation and hyperæmia.

§ 97. It is difficult to trace in every case a predisposition to congestions; but it frequently takes place at particular periods, when some important organ is developed. Children are liable to congestions, in consequence of the extreme irritability of many organs.

the head for instance during dentition. Among young people the lungs are particularly liable to congestions, whereas, among old people, the abdominal organs are more particularly the seat of the disease. An abnormal irritability of the vascular system induces likewise a disposition to congestions; organic defects, the disproportionate size of an organ, and a state of relaxation induced by previous congestions; are likewise constitutional causes of congestion. The lungs are more liable to congestion in the winter and spring, the abdominal organs in the summer and fall.

*Exciting causes*: excessive warmth or cold, particularly exposure of the feet to cold, which leads to congestion of the brain and lungs; heating drinks and medicines, spirits, ethereal oils, naphtha, narcotics, etc., violent exertions of single organs; violent emotions, constant thinking, induce congestion of the brain; running, dancing, singing, etc. congestion of the lungs; suppression of habitual discharges of blood, likewise induces a state of congestion.

I shall divide all congestions in three general classes, congestions of the head, chest and abdomen. All other congestions, such as of the cheeks, palms of the hands, soles of the feet, etc. require no particular reference, as they constitute symptoms of a more general disease, which requires to be treated in its totality, in order to remove single congestive states.

#### § 98. *Congestions of the head.*

This affection yields to *Nux vom.* when it had been caused by a sedentary mode of life, constant thinking, abuse of spirits, or when the disease is characterised by the following symptoms: Swelling of the veins of the head, violent throbbing of the arteries of the head, so that the pulsations are felt through the whole body; heat, redness and bloatedness of the face, with paroxysms of vertigo, violent headache, particularly in the forehead and over the orbits of the eyes, increased by stooping and coughing; sleep disturbed by dreams.

*Belladonna* is indicated in the most violent con-



gestions of the head, when the cutaneous veins about the head are very much distended, accompanied with paroxysms of intense, burning-stitching pains on one side of the head, aggravated by every motion of the head, noise, light, etc. These symptoms are frequently accompanied with scintillations, obscuration of sight, buzzing in the ears, fainting turns, sopor. These congestions frequently take place at a period when some important organ is developing itself, for instance during dentition; they likewise take place at the age of pubescence, when the menses are not yet fully regulated, or they will come on, when the menses had become suppressed in consequence of a cold, or when the patient had taken cold by the feet. This sort of congestion is more frequent among females than males, and yields to *Belladonna*. Oat-meal poultices to the feet favour the action of *Bellad.*, so that sometimes in an hour's time the violence of the attack abates, and the whole affection disappears very shortly. *Crocus* is sometimes used with benefit for this kind of congestion, when attacking females.

*Aconite* is an excellent remedy for congestion of the brain when it threatens to become a very serious disease and there is a good deal of vascular orgasm. *Aconite* is the specific remedy for congestions caused by fright or chagrin, or even by an animated discussion; the congestion was accompanied with violent delirium, spasmodic laughing and weeping; when this had passed off, the patients knocked with their fists against the head to moderate the intense pain.

*Arnica montana* is the specific remedy for congestions arising from a violent fall, shock or blow. The medicine should be given internally, and at the same time applied externally, one part of the medicine to 6, 8, 10 or 12 parts of water.

In a few cases I have given *Dulcamara*, when the congestion was characterised by buzzing, hardness of hearing, and when a cold by the feet was the cause of the disease.

Congestions of the brain sometimes take place in

consequence of a sudden emotion caused by some sad or joyous event. A few spoonfuls of coffee will remove them, provided the patient does not use coffee as an habitual beverage; in this case *Coffea cruda* will be the suitable remedy.

Congestions caused by chagrin yield to *Chamomilla*; by suppressed grief or mortified feelings, to *Ignatia*; \* by a sudden ebullition of anger to *Nux vom.*; by fright, to *Opium*; by constant care and grief, to *Staphysagria*; by anger and chagrin, to *Natrum mur.*; and various other remedies, to be prescribed in accordance with the symptoms, such as, *Puls.*, *Arnica*, *Ambra*, *China*, *Antim. crud.*, *Baryt. acet.*, *Mercurius*, etc. *Merc.* is particularly useful when the internal head feels hot, not the external, with violent throbbing, full pulse, sensual illusions, such as, hearing of noise in the street, singing of birds, etc.

Debilitated persons are liable to congestions with sleepless, anxious restlessness, owing to an irregular distribution of the vital forces in the organism; these congestions are more speedily removed by means of a magnetic pass executed with a strong will, the flat hand to be applied to the vertex and to be carried, not too slowly, over the body, down to the tips of the toes.

### § 99. Congestion of the chest.

These congestions are frequently removed by *Nux vom.*, when the same causes prevail as in congestion of the brain, and the following symptoms are present: palpitation of the heart, short, panting breathing, oppression, anxiety, asthmatic distress; and when the frequent recurrence of the congestion threatens to give rise to a constitutional spasm of the chest.

*Belladonna* corresponds to the following symptoms: shortness of breath, short cough, which disturbs the patient's rest, anxiety, restlessness, quick and strong beating of the heart, reverberating in the head, slight indications of spasm in the chest, burning heat, great thirst; sometimes there are symptoms of con-

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\* Also *Opium* (Hempel).

gestion of the head present. *Pulsatilla* will sometimes relieve the patient when the congestion sets in at night; *Ignatia* likewise. The congestions of the chest which occur in consequence of fatiguing exercise, accompanied with debility, prostration, nausea, yield most readily to *Spongia*. If the bowels should be confined, especially in young people, a simple injection will afford great relief.

Several of the medicines mentioned for congestion of the head, are useful in congestion of the chest, provided the same causes prevail: *Bryonia*, *Ipec.*, *Rhus tox.*, *Squilla*, *Dig.*, *Sepia*, *Phosphor.*, *Sulphur*, &c., may likewise be consulted in some cases.

*Aurum*, *China*, *Pulsatilla*, *Sulphur*, *Sepia*, *Natrum mur.*, *Phosphorus*, &c., are excellent for violent palpitation of the heart. *Staphys.* frequently removes palpitation of the heart aggravated by exercise, music, after the siesta, or after a mental effort. *Phosphorus* is an excellent remedy for palpitation of the heart when it gets worse in the evening and after an emotion. In a case of visible and audible palpitation of the heart, with enlargement of the left heart, expansion of the left thorax, anxious, hurried breathing, excessive throbbing of all the arteries, anguish in the countenance, *Belladonna* soon removed all the symptoms, every additional dose affording greater relief.

#### § 100. *Congestion of the abdomen.*

This affection occasions a great many troublesome symptoms, a troublesome feeling of heat, burning, pain, tension, without any symptoms of indigestion being present. It leads to obstruction and disorganization of the abdominal organs, and is on the other hand caused by these conditions. Abdominal congestion frequently befalls hæmorrhoidal and hypochondriac individuals, inducing all the distresses to which these persons are subject. It induces all sorts of secondary diseases, dyspepsia, bad digestion, jaundice, dropsy.

Chronic abdominal congestion requires the anti

psorics for a successful treatment, though the other remedies are frequently sufficient to effect a cure, provided the patient is very careful as regards diet, exercise, &c. It may be caused by excessive abstinence as well as abuses, or a sedentary life; the patient should therefore use moderate exercise in the open air, avoid excesses, and indulge the moderate enjoyment of the sexual passion.

As respects remedies *Nux vomica* corresponds to tightness, distention, pressure, heat, burning in the abdomen, pains in the small of the back, as if it would break and if all strength had left it; the patient is unable to keep erect, as is the case when the hæmorrhoidal and uterine vessels are obstructed, accompanied with constipation, pressure on the rectum and bladder. *Mercurius* is likewise useful in this group of symptoms even if no syphilitic taint should be present.

*Phosphorus* is excellent after previously giving *Nux vom.*, when the affection is caused by abuse of the sexual passion, or by a sedentary life. The patients complain of constant fulness in the stomach, eructations, vertigo, oppression in the pit of the stomach, painfulness of the pit of the stomach, increased by contact to a pulling pain with pulsations, obliging the patient to walk crooked, and inducing shortness of breath; there is a constant pulsation in the pit of the stomach, and even more deeply, in the region of the liver; this region is sensitive to pressure, the patient is unable to lie on it.

*Sepia* is excellent when the throbbing in the abdomen is so violent that the patient imagines he hears it throughout the whole body, particularly on leaning backwards while seated on a chair; the pit of the stomach and the region of the liver are very sensitive to pressure, these parts are distended, there is a violent beating in the pit of the stomach, anxiety, hypochondriac mood, &c.

*Pulsatilla* corresponds to a feeling of fulness and anxiety in the pit of the stomach, with throbbing in this region, and perceptible beating of the arteries

which is always worse in the evening, accompanied with whining mood; the patients complain of a contractive, crampy and tight feeling in the hypochondria, tight feeling in the abdomen, as if it were too full and hard.

*Spigelia* is indicated by the following symptoms: pressure in the abdomen as if it would burst, or with sensation as if a heavy load were falling down, particularly on taking an inspiration; great sensitiveness of the pit of the stomach, the least contact or pressure of the clothes occasions a feeling of great anxiety, with sensation as if something were tearing loose in the chest; sadness, vexed mood, redness of the face.

*Arsenic*, *Lycop.*, *China*, *Staphys*, *Natrum mur.*, &c. are useful remedies; for the symptoms I refer the reader to the provings.

#### § 101. *Congestion of the uterus.*

It is generally present in abdominal congestion, and is frequently the most prominent symptom of this disease.

*Belladonna* is the principal remedy in this disease when the following symptoms are present: burning, stinging, fulness, tightness, pressing deep in the abdomen and the inner sexual organs, frequently attended with a drawing cutting around the loins and heat and anxiety in these parts, or with a painful pressure and crampy pain in the small of the back, impeding the motion of the back very considerably. Congestions of the head and chest are sometimes present, if the uterine congestion should last a long while.

*Millefolium*, *Senna*, *Sabina* (the two last named particularly during pregnancy), *Crocus*, *China*, *Platina*, *Ipec.*, *Bryon.*, *Hyoscyam.*, *Hep. sulph.*, &c., are likewise to be recommended in uterine congestion.

#### § 102. (b.) *Hæmorrhages. General remarks on hæmorrhages.*

Hæmorrhages are both natural, normal, and abnor-

mal. Hæmorrhages, in a more special sense, are discharges of blood which occasion a local or general disturbance of the organism and impair the functions of the affected organ.

There is no difficulty in diagnosing a hæmorrhage when the blood is discharged externally. Internal hæmorrhages, effusions of blood into the brain, chest, abdomen, uterus are not so easily diagnosed, though the diagnosis is facilitated by the precursory and the accompanying symptoms. Among the precursory symptoms are to be noted those which take place previous to congestion. The ordinary symptoms are : sensation of pressure, heaviness, itching and titillation in the affected part, with increased warmth, redness and swelling, throbbing and tension ; restlessness, sleeplessness, frightful dreams, stupor, or cerebral and sensual exaltation, sometimes delirium. The pulse is remarkably irregular ; it is supposed to be a double pulse (*pulsus dicrotus*), when the hæmorrhage takes place from organs situated above the diaphragm ; at the same time it is hard, full, moderately accelerated, accompanied with a sensation as if the temperature of the body were altered, with alternate shuddering, chilliness and heat. The pulse is said to be intermitting, when the hæmorrhage takes place from organs situated below the diaphragm, accompanied with the symptoms of congestion of the abdominal organs.

The blood which is discharged in a hæmorrhage, varies in respect to quality and quantity ; the duration of the disease is likewise different. If the blood be discharged from arteries, it is bright-red and frequently forms a buffy coat ; blood which is discharged from veins, is black, foaming and thin, and frequently coagulated after the blood had remained enclosed for some time in the cavities of the body. As regards quantity, we can only say that the blood is discharged in quantities of from one drop to several pounds. The duration of hæmorrhages varies likewise a good deal.

Latent hæmorrhages are attended with some of the following symptoms ; hæmorrhages in the brain by :

vertigo, dulness of the head, stupor, sopor, paralysis, apoplexy; hæmorrhages in the lungs by: dyspnœa, increased warmth and stitches in the chest, cough, and sometimes even asthma; hæmorrhages in the stomach by: oppression, tension in the region of the stomach, feeling of repletion, nausea, vomiting, fainting turns; hæmorrhages in the abdomen by: distention of the abdomen, fluctuation, increased feeling of warmth, soon, however, changing to a feeling of heaviness and coldness.

It is difficult to say how much blood a man can lose without injury; this depends upon age, constitution, the nature and mode of the discharge.

Excessive loss of blood is attended by the following symptoms: paleness of the face, gums, lips and cheeks; the nose becomes pointed; the volume of the body collapses; the pulse becomes feeble, small, intermitting; the eye is dry and languid, head and hands are covered with cold sweat, the body becomes cold as after death, the patient complains of violent thirst, nausea, vomiting, convulsive hiccup, buzzing in the ears, vertigo, fainting. Death takes place amid violent convulsions, or else during the fainting attended with slight spasms.

After the cessation of the hæmorrhage the following symptoms sometimes continue for a time: chilliness and shuddering over the whole body, confused feeling in the head, reeling sensation, drawing pains in the head, coldness in the nape of the neck, hysteric and hypochondriac symptoms, various other symptoms of nervous derangement, general debility and languor, difficult digestion, cachectic states, particularly dropsy and consumption. These states scarcely ever occur under a judicious homœopathic treatment of hæmorrhages.

§ 103. In a therapeutic view, it is important to distinguish active and passive hæmorrhages. The former depend upon an increase of vascular action, the latter arise from a want of vascular action, atony, paralysis of the vessels.

As regards the quantity of the blood which is discharged, we distinguish: *stillicidium sanguinis* (discharge of single drops of blood); *profluvium sanguinis* (flow of blood), the blood being discharged in a small stream, quietly and without violence; and *hæmorrhagia proprie sic dicta*, the blood being discharged in an uninterrupted stream, with violence, and exhausting the patient very soon.

Critical hæmorrhages have been mentioned in the first part of this work. There are continuous, remittent and intermittent hæmorrhages. They are likewise sporadic, endemic or epidemic. We distinguish furthermore external and internal, open and occult hæmorrhages, etc.

*Etiology*: The disposition to hæmorrhages is sometimes hereditary; sometimes it depends upon an increased irritability of the vascular system in children and adults; or upon deformities of the thorax.

Hæmorrhages are occasioned by the same causes as congestions, warmth, cold, every thing that has an influence on the circulation, which either stimulates or retards it; suppression of habitual discharges of blood, etc.

The prognosis depends upon the character of the hæmorrhage and the quantity of the blood which is lost, the age of the patient, the importance of the bleeding organ, etc.

§ 104. The treatment depends in a great measure upon the exciting cause. Previous to the therapeutic treatment, the physician has to regulate the diet of the patient; the body should be made easy and comfortable, all unnecessary spectators should be sent out of the room, the temperature of the sick-room and the covering of the patient should be carefully regulated. The patient should not be allowed iced drinks, his beverage should be cool, the chill being simply taken off; all acids should be avoided, even for this reason that the action of the medicine might not be disturbed, which would be the case with *Aconite*, *Mercurius*, *Stram.*, *Belladonna*. This caution against the



use of acids is so much the more necessary as there are always friends of the family, employing allœopathic physicians who will not fail to recommend lemon-juice, vinegar, etc. If the hæmorrhage should have been caused by the mechanical rupture of a vessel either by tearing, corrosion or injury of one kind or another, a surgeon should at once be sent for to employ the proper surgical means, which sometimes are sufficient to arrest the hæmorrhage. The remaining debility should be treated by the attending physician.

I have nothing farther to say about the general treatment of hæmorrhages, except that *Arnica*, internally and externally, is probably the best remedy for hæmorrhages depending upon organic injury, and *China* for the remaining debility.

#### HÆMORRHAGES OF THE RESPIRATORY ORGANS.

§ 105. *Epistaxis, choanorrhagia, bleeding of the nose.*

Epistaxis is either a dynamic or local disease; in the latter case it depends upon some mechanical injury and is easily arrested by drawing up a few drops of water in the nose, or by bathing the nose with a solution of *Arnica*. The dynamic bleeding of the nose generally befalls children and adults; it is a sequel to frequent catarrhs and is sometime caused by worms.

In many cases epistaxis is preceded by the following precursory symptoms: glowing redness of the face, pressure in the temples and nape of the neck, vertigo, ringing in the ears, scintillations, increased throbbing of the carotids and temporal arteries, increased warmth, itching and feeling of fulness in the nose. The blood is discharged from one or both nostrils, in greater or less quantity, drop by drop or in a stream. Generally the blood flows from the nostrils, sometimes it is discharged into the mouth, during sleep for instance, causing cough and vomiting by irritating the

air-passages; a discharge into the mouth takes place more particularly when the bleeding vessels are situated in the posterior part of the throat. On bending the head forward, the blood is discharged by the nose, except when the nose is stopped up with lumps of blood in which case the blood flows out of the mouth. Sometimes a quantity of coagulated and fluid blood suddenly rushes out of the mouth during a paroxysm of cough and vomiting. Sometimes plugs of blood form, which are hawked up.

Robust and plethoric subjects, persons with irritable nerves, slender form of body, scrofulous disposition and phthisicky habit are likewise predisposed to epistaxis; in some this predisposition is hereditary.

The disease may be occasioned by the action of heat upon the head, by spirituous drinks, strong odours, violent mental exertions, fright, mortification, &c., by a cold, tight cravats, corsets or stays, goitre, &c.

§ 106. Beside several antipsorics which I shall mention hereafter as the best remedies to eradicate the disposition to epistaxis, I have always used with success for the arrest of the hæmorrhage: *Aconite*, *China*, *Puls.*, *Cina*, *Rhus tox.*, *Arnica*, *Bellad.*, *Bryonia*, *Crocus*, *Moschus*, *Nux vom.*

I have frequently succeeded in preventing the bleeding by a single dose of *Nux vom.*, when the above-mentioned symptoms of congestion of the head set in, which were known to be usually followed by a discharge of blood from the nose. Olfaction was sometimes sufficient to attain my purpose. A few doses of *Nux*, at rather long intervals, were sufficient in a few cases, to remove the affection entirely, particularly in plethoric and irritable individuals.

*Aconite* is always indicated when symptoms of plethora and vascular irritation prevail. *Rhus t.*, *Bryon.*, *Mercur.* and *Bellad.* deserve a preference when the bleeding wakes the patient at night and is accompanied by a violent rush of blood to the head. *Crocus* should likewise be recommended when this latter symptom prevails and when the blood is black and

viscid. *Rhus tox.* is sometimes useful when the bleeding takes place in consequence of stooping, violent blowing of the nose, hawking, &c. *Bellad.* and *Bryon.* when the bleeding takes place in the morning. *Sabadilla* will prove useful when a bright-red blood is hawked up from the posterior nares; *Nux. vom.* may likewise be tried when this symptom prevails. *Bryonia* is frequently found useful in epistaxis which is occasioned by a sudden suppression of the menstrual discharge. *Pulsatilla* always proved effectual in my hands when the bleeding came on every evening or before midnight, or when it attended a frequent alternation of dry and fluent coryza. *Arnica* and *Cina* were successfully employed when frequent discharges of worms led me to the belief that the disease was occasioned by the irritation induced by those animalculæ; in this case the patients experienced a good deal of itching and titillation in the nose, obliging the patient to rub the nose and bore with his fingers in it, until the bleeding commenced. *China* always helps when the bleeding seems to depend upon atony of the vessels, occurs very frequently and continues for a long time; it is likewise useful to remove the debility which sometimes remains after the bleeding. *Crocus* speedily arrests a sudden and violent discharge of bright-red blood from the nose, attended with great debility. *Dulcamara* is not to be forgotten under these circumstances. The most violent bleeding from the nose, with incipient depletion and spasmodic jactitation of the muscles, was in a few minutes relieved by me by means of *Moschus*. The following symptoms point to *Lachesis*: bleeding from the nose for three or four days, previous to the appearance of the menses; discharge of a few drops of blood from the nose, particularly after boring in the nose with the finger, or in the evening on blowing the nose; discharge of blood on blowing the nose, early in the morning, after or during headache near the eyes, or succeeded or attended by congestion; discharge of drops of blood

from the nose on blowing it ; a thick, dark-red blood flows out of the nose.

A permanent cure was sometimes effected by *Nuxvom.* ; generally however the antipsorics were necessary to attain that end. In some cases *Sulphur* alone effected a cure ; in others it had to be accompanied with *Ambra*, *Graphites*, *Sepia*, *Lycopodium*, *Nitri acidum*, *Phosphorus*, *Silicea* and *Carbo veg.*

§ 107. *Hæmoptysis, hæmoptoë, hæmorrhage from the lungs.*

By these terms is meant every discharge of blood from the larynx, trachea, bronchi, lungs, the blood being generally discharged by the mouth.

This kind of hæmorrhage is generally preceded by precursory symptoms, such as : a feeling of fulness, pressure, tension, oppression, stitching, tickling, burning, ascension of warmth or vascular orgasm in the chest or under the sternum, sometimes about the neck or between the scapulæ, with difficulty of breathing, palpitation of the heart, anguish ; it is difficult for the patient to take an inspiration, though he is constantly disposed to do so ; there is a short, dry, hacking cough, the cheeks are red, the taste is saltish, bitter or sweetish, or it is a strange taste, a taste as of blood ; frequent alternation of shuddering and heat, trembling, spasmodic symptoms.

The nature of the hæmorrhage varies a good deal. The discharge of blood is generally attended with cough, and takes place in paroxysms ; sometimes the cough is very slight and amounts to a mere hawking when the discharge of blood is very copious. In most cases the discharge of blood is accompanied with a peculiar noise in the windpipe, or with the sensation as if the blood came from the inmost parts of the chest, or as if hot vapour were rising in the lungs. The blood generally looks bright-red, it is fluid and frothy ; at first it is unmixed, but towards the termination of the attack it is mixed with a frothy mucus. If the hæmorrhage should be considerable, the respiration

becomes whizzing and rattling. The attacks sometimes intermit for days, weeks and months, sometimes only for a few hours. As regards quantity, there is a good deal of difference; sometimes the mucus is simply streaked with blood, at other times pure blood is discharged. A slow, gradual discharge of blood is termed hæmoptysis; a sudden discharge of a quantity of blood is termed hæmorrhage.

§ 108. Persons with a deformed thorax are more particularly predisposed to hæmorrhage from the lungs; tight lacing is likewise a predisposing cause. Hæmorrhages take most frequently place between the ages of 16 and 40, particularly in persons with a phthisicky disposition; the cause of this is probably because the development of the thoracic organs takes place during that period and there is a natural tendency to congestion of the lungs at that period. This period sets in sooner in females than in men; in the former the thoracic organs are naturally relieved of their congested state by the menstrual discharge. A plethoric constitution is another predisposing cause for hæmorrhage; musicians, ministers, millers, stone-cutters, miners, workers in metal, &c., are more especially liable to this disease.

*Exciting causes:* Heating, spirituous drinks; violent bodily exertions; dancing, singing, sounding of wind-instruments; high temperature; great loss of animal fluids, for instance after long nursing; suppression of natural discharges of blood; inhalation of acrid dust, etc. Pulmonary hæmorrhage frequently takes place during pregnancy, or in consequence of disorganizations of large vessels, particularly of the aorta, and other thoracic vessels.

Pulmonary hæmorrhage is always doubtful as regards prognosis. The prognosis depends upon the age, constitution and sex of the patient, upon the more or less frequent occurrence of the hæmorrhage, upon the quantity of the blood discharged, upon the continuance or cessation of the exciting cause, and

upon the accompanying symptoms. Frequently recurring hæmorrhages sometimes lead to phthisis.

§ 109. *Treatment*: I do not speak of a discharge of blood which takes place after violent coughing, but of the discharge which is accompanied only by a little hawking, and which is preceded by vascular orgasm in the chest continuing even during the hæmorrhage. The hæmorrhage is accompanied with a feeling of fulness, burning, palpitation of the heart, anxiety and restlessness, the restlessness being worse on lying down; by a feeble, wiry, scarcely perceptible pulse, with pale face and expression of anguish in the countenance; the blood is discharged in large quantities at short intervals. *Aconite* is the best remedy for these symptoms. Two or three minutes after the exhibition of the remedy, the above mentioned symptoms frequently abate, the anguish, restlessness, palpitation of the heart, and vascular orgasm disappear, and the danger is momentarily warded off. The symptoms sometimes recur in two or three hours, when another dose of *Aconite* is required. *Aconite* is the best means to remove the impending danger. A few more doses of *Aconite* should be continued, if the symptoms should not be entirely removed; after which a small dose of *Ipecac.* may be given, if a taste of blood remain in the mouth, or if the patient should complain of a slight hacking cough, attended with expectoration of blood-streaked mucus. *Arsenicum album* proved the best remedy in a case characterized by the following symptoms: feeling of anxiety, vascular orgasm in the chest, palpitation of the heart, these symptoms becoming particularly distressing about midnight, disturbing sleep and spreading a burning heat over the whole body; *Ars.* removed these symptoms for several weeks, and proved effectual during a second and third attack after an appropriate intermediate remedy had been given.\*

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\* Hartmann considers it necessary to give an intermediate remedy before repeating the *Arsenic.* I have treated, with the most perfect success, cases of typhus biliosus with nothing but *Arsenic*, varying from the 30th to the 1st attenuation.—*Hempel.*

*Ferrum acet.* proved an excellent remedy when the patient had a jaundiced appearance, complained of great dyspnœa, particularly at night, with tearing pains between the shoulder-blades, slight hawking attended with expectoration of small quantities of pure blood.

*Arnica* is an excellent remedy for hæmoptysis, when it is occasioned by physical injuries, and is attended with the following symptoms: discharge of coagulated and blackish-looking blood, without much cough or great exertions, attended with stitches, burning, contractive pains in the chest, vascular orgasm, palpitation of the heart, heat in the chest, debility, fainting fits; sometimes a cough is present which seems to be excited by an irritation under the sternum, and is attended by hawking resulting in the discharge of a bright-red, frothy blood which is sometimes mixed with lumps of blood and mucus.

*Millefolium* is an invaluable remedy in every sort of hæmorrhage, and likewise in pulmonary hæmorrhage, particularly in the case of robust female patients, when they spit up blood without coughing, or the cough is very slight and seems to be owing to the presence of the recently accumulated blood; a fermenting sensation in the chest is sometimes present, and a sensation as if warm blood were rising in the throat; this sensation continues until the blood is actually discharged. Latterly I have given *Aconite* for this group of symptoms, and have been much more successful in removing it.

*Ledum palustre* helps when the following symptoms are present: violent cough with profuse discharge of a bright-red blood, hissing and rattling sound in the windpipe, seated, burning pain at some spot in the chest.

*Hyosciamus* is said to be a good remedy for hæmoptysis; I have never used it.

*Plumbum*, next to which comes *Stannum*, is excellent in the case of phthisicky patients, when pus and

blood are discharged from the lungs, with crampy stitching pains in the chest.

*China* is not to be forgotten. It removes the debility which sometimes remains after hæmoptysis, but is likewise useful for the disease itself.

*Rhus tox.* is indicated for habitual hæmoptysis, when large quantities of coagulated or bright-red blood are sometimes discharged, attended with a feeling of qualmishness and distress in the lower part of the chest; the patient complains of chilliness, general debility, etc. *Pulsatilla* deserves a preference over *Rhus* when a black, coagulated blood is discharged, particularly in the morning, the sputa is mixed with other substances and dyspnœa is present. *Sabina*, *Belladonna*, *Drosera*, *Bryonia*, *Digitalis*, *Hep. sulph.*, *Mexereum*, *Dulcamara*, are likewise to be mentioned, the last remedy particularly after a cold.

When symptoms of congestion of the chest are present, with excessive debility, constant titillation in the larynx inducing cough, *Belladonna* is an excellent intermediate remedy.

For inveterate, chronic hæmoptysis, the antipsorics are required. *Carbo veg.* is excellent when the discharge of blood is attended and succeeded by a burning sensation in the chest. *Phosphorus* is particularly useful in the case of females when the menses were either arrested or flowed very scanty. *Ammonium carb.* is excellent when the discharge of blood is attended with dyspnœa, arthropnœa, continuing even after the cough. *Calc. carb.*, *Sepia*, *Acidum sulph.*, *Magnes. carb.*, and other antipsorics deserve to be recommended in hæmoptysis; each remedy requires of course to be chosen in accordance with the symptoms.\*

#### HÆMORRHAGES OF THE CHYLOPOETIC SYSTEM.

§ 110. *Hæmatemesis, vomitus cruentus, melæna, morbus niger, Hippocratis, hæmorrhagia ventriculi et tractus intestinorum. Vomiting of blood.*

Schœnlein distinguishes vomitus cruentus (vomiting

\* See the cure of hæmoptysis effected by Squills, p. 840, *Hempel's Jahr.*



of blood from the stomach), melæna, morbus nig. Hip. (black disease), and proctorrhœa (hæmorrhage from the rectum). This cursory division is sufficient for all practical purposes. Particular indications for the employment of special remedies in particular cases will be furnished as we proceed.

By the above terms we understand a hæmorrhage from the vessels of the œsophagus, stomach and of the organs situated between the diaphragm and umbilicus, the blood being either discharged by the mouth or bowels. Hæmatemesis is an extremely acute disease, which may become chronic by its frequent recurrence.

*Congestive stage:* Precursory symptoms are: heaviness, pressure, fulness, tension, pains, spasms in the region of the stomach and in the hypochondria, oppression and anxiety particularly after eating, and when making pressure on the stomach; deranged taste, appetite and stool, fits of nausea, vomiting, fainting turns, vertigo and other nervous symptoms, the pulse is at times intermittent, at times stronger than before, considerable throbbing in the pit and region of the stomach; frequent attacks of colic, burning heat in the abdomen, generally in the region of the stomach. A number of these symptoms are present during the attack; cold sweats, hippocratic countenance and other symptoms of increasing debility soon supervene. Sometimes the region of the stomach and abdomen is either partially or totally distended and hard, painful. Cough is sometimes present.

*Stage of the hæmorrhage:* Generally the vomiting returns in paroxysms. Sometimes the patient feels distinctly that the blood is accumulating in the stomach; he feels qualmish and full in the pit of the stomach; the vomiting of blood is usually accompanied with the discharge of a black, coagulated blood by the bowels. The vomiting is attended with nausea, pains in the stomach and fainting turns; the patient sometimes vomits up every thing he takes into his stomach; the discharge of blood by the bowels is attended by colic, diarrhœa or retention of stool. I had:

case where nothing was passed by the bowels for five days except blood. The blood which is vomited up, varies according as it is more or less recent ; arterial blood, when vomited up immediately, is red, bright and fluid ; venous blood, after it has remained for a time in the stomach and intestinal canal, becomes dark, black, putrid, and altered in various ways. The quantity of the blood discharged varies likewise : from a few ounces to several pounds. The quantity is so much larger the more frequently the vomiting occurs, and the more serious are the organic defects upon which the vomiting depends.

After the vomiting of blood, which takes place in several turns, the patient feels relieved of the abdominal distress which he experienced previous to the vomiting, but he is very much exhausted. A violent hæmorrhage from the stomach brings on all the symptoms of depletion ; the umbilical region becomes distended, the whole body becomes cold and pale, the lips turn white ; fainting turns, cold sweats, great debility set in. Unless help is speedily afforded, death soon takes place ; if recovery should take place, it is very slow, and sometimes terminates in cachectic diseases, consumption and dropsy.

§ 111. The course of this disease varies a good deal. Where it appeared once, it generally comes on again after a longer or shorter interval ; sometimes there are several paroxysms in the course of a day. The duration of the disease varies likewise. It sometimes destroys the patient during the first attack ; but it frequently lasts weeks, months and even years.

A predisposition to this disease exists among middle-aged or old people, and more frequently among males than females ; when occurring among the latter, it is generally accompanied with disturbance of the menstrual functions. Cachectic and nervous individuals are likewise exposed to such attacks.

The disease is occasioned by the following causes : stimulating and heating drinks ; excessive heat ; sedentary mode of life ; unhealthy, damp dwellings ; depressing emotions ; bad food, excessive eating and drink-

ing, etc. Also by: suppression of the menses in consequence of a cold; sudden cessation of the menses at the critical age in plethoric persons; suppression of chronic eruptions; organic affections of the liver and spleen; local mechanical and chemical causes.

The disease is very apt to pass into some chronic form of disease, provided the patient survives the first attacks. The prognosis depends upon the age, sex and constitution of the patient; upon the cause of the disease and the greater or lesser chance to remove it. The prognosis is unfavourable when the disease is caused by organic defects; it is more favourable when no cause is apparent, and the patient is not too old and debilitated.

§ 112. The treatment of a melæna is very difficult, and requires the greatest care and a perfect knowledge of the appropriate remedies. I shall first describe the treatment of a case which occurred in my own practice; I shall then speak of the treatment of other physicians and finally mention the various remedies that have been proposed for this disease.

My patient was a man of sixty, with a plethoric, bilious constitution; he had had several attacks before, but less violent. When I called he was throwing up a quantity of dark-coloured blood, after which he sank back upon his bed in a fainting state. Another attack occurred a short time after, the debility increasing. The blood which he threw up in three consecutive attacks, filled half a chamber. After the third attack there was still a violent throbbing in the pit of the stomach, nausea, eructations, the patient's skin was cold, the face collapsed, the breathing was moaning and sighing. I gave him a drop of China 18. Another slight paroxysm occurred three hours after taking the medicine. Next morning the patient was able to speak a few words, the qualmish feeling was less, but he complained of a burning sensation in the region of the stomach; the moaning had ceased, but the throbbing in the pit of the stomach was still perceptible; the nausea increased by the least motion,

and was likewise worse at night as well as all the above-mentioned symptoms. The patient had no appetite; stool was suppressed, he complained of great thirst. I allowed the China to act four days, but there was no improvement; on the contrary, the attacks continued twice a day, and discharges of black, coagulated blood by the bowels took place. The burning pain in the region of the stomach, the thirst, the throbbing in the pit of the stomach, the paroxysms of anguish, etc. seemed to indicate *Arsenic*, which I gave the patient on the fourth day. Five days after taking the Arsenic, the patient was able to leave his bed. Two days after taking the Arsenic, the bloody stools ceased, and fæces were discharged. The throbbing and the burning in the pit of the stomach continued even a fortnight after giving the Arsenic. *Calc. carb.* seemed to do some good; but *Carbo veg.* removed all the symptoms. \*

Dr. Gross treated a similar case with *Nux vom.*, *Bellad.* and *Stannum*. The patient recovered entirely, but had another attack some years after. The afore-said medicines were of no avail this time, and the patient was finally cured by means of the antipsorics.

The following remedies are useful in this disease:

*Nux vom.* is adapted to plethoric constitutions with tendency to costiveness. It is particularly indicated in chronic affections of the stomach characterised by violent vomiting mixed with arterial blood.

*Arnica* is suitable to persons with robust constitutions and a sanguine-choleric temperament; it is particularly indicated by vomiting of coagulated, dark blood with a bruised feeling in all the limbs.

*Hyoscyamus* is useful in vomiting of arterial blood induced by a cold, accompanied with spasmodic pains and congestions of the chest and head.

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\* The specific remedy for this case was *Aconite*. The throbbing, burning, anguish, the bloody discharges, all indicated *Aconite*, which would have cured the patient at once, whereas in the above case the cure was solely and exclusively effected by Nature. See my Organon. — *Hempel*.

*Veratrum* corresponds to the following symptoms: The patient has to sit or lie all the time; on sitting up he experiences the most frightful anguish, with nausea and cold sweat, even a fainting feeling; he is exceedingly low-spirited; vomits black bile and blood; attended with violent, bloody stools.

*Millefolium* is a well known remedy for all kinds of hæmorrhages.

*Cantharides* corresponds to vomiting of blood with violent retching, violent pains in the stomach and abdomen, tossing about as if beside himself, excessive debility. Aconite is frequently indicated in discharges of blood, particularly by the bowels. Discharges of black-red, coagulated blood point to Aconite.

*Mezereum* may perhaps be found serviceable in some cases of consensual vomiting of blood, depending upon inflammation or disorganization of the stomach. *Phosphorus*, *Natrum mur.*, *Cicuta virosa*, *Sulphur*, *Lycop.*, *Zincum* and several other antipsorics are useful remedies for hæmatemesis.

#### HÆMORRHAGES FROM THE URINARY ORGANS.

§ 113. *Hæmorrhagia renalis, mixtus cruentus, urina sanguinea, hæmaturia. Bloody urine.*

By these terms we designate a hæmorrhage from the kidneys, ureters, bladder, but not from the urethra.

It is easy to discover the blood in the urine, but it is not so easy to determine the organ from which the hæmorrhage proceeds. The blood is always mixed up with the urine, and the emission of urine is attended with urging and straining. When the hæmorrhage proceeds from the kidneys, the urine is more or less red, sometimes brown or black, generally rose-coloured; the blood remains mixed up with the urine, except when it is discharged in a very large quantity, in which case part of the blood settles in the chamber in the shape of an incoherent pap; pure blood without urine is very seldom discharged; the urine sometimes contains small lumps or fibres of blood. The

blood is generally discharged in quantities of one or more pounds, without pain in the bladder, but the discharge is accompanied and succeeded by pressure, tearing, drawing or spasmodic sensations and pains in the renal and lumbar regions, various distresses in the abdomen, oppression and anxiety, numbness of the thighs, drawing up of the testicles, constipation and various other symptoms, differing according as the disease was caused by different causes. A hæmorrhage from the ureters is very difficult to diagnose, and occurs very seldom. The symptoms are generally the same as in hæmorrhage from the kidneys, except that the drawing, tensive pains extend from the lumbar region to the pelvis along the ureters, accompanied with ischuria, and sometimes with nausea and vomiting. In hæmorrhage from the bladder, the distress is generally confined to the region of the bladder. The patient complains of spasms in the bladder, ischuria, sometimes violent burning and pains in the bladder, perineum, penis and anus, during and after micturition; there are symptoms of stone in the bladder, though a stone is not always present. Excessive difficulty of emitting the urine is accompanied with great anguish, cold sweat, chilliness, debility, fainting. The urine is dark-coloured, dark-red, fibrinous, opalescent, and frequently mixed with mucus, and sometimes with pus or lumps of flesh; the blood does not impart its colour to the urine entirely, is not thoroughly mixed with it, sometimes floats in the urine in the shape of flocks, and soon settles at the bottom of the chamber in the shape of a coherent mass, generally in small quantity, blackish, coagulated lumps, or as a fluid, red and clear substance. In some cases the blood is passed unmixed, without urine; sometimes it accumulates in the bladder in a coagulated form, inducing retention of urine.

§ 114. Predisposing and exciting causes: Renal calculi, inflammation of the kidneys, mechanical injuries, concussion of the kidneys, etc., menstrual ir-

regularities, critical changes of the menses, derangement of the hæmorrhoids, are likewise predisposing causes. Hæmaturia is brought on by over-heating one's-self, by violent exercise, such as riding on horse-back or in a carriage over bad pavement, by the use of spirituous drinks and strong spices ; by the internal and external use of Cantharides, by eating asparagus, garlic, or by the immoderate enjoyment of the sexual passion.

The disease is apt to recur, particularly in old people. The frequent recurrence of the disease leads to the formation of ulcers and organic diseases of the kidneys. Passive hæmorrhages from the kidneys are more doubtful than active. The prognosis depends likewise upon the possibility of removing the cause of the disease ; it likewise depends upon the age of the patient, upon the duration and recurrence of the hæmorrhage ; upon the accompanying symptoms. A bad symptom is the coagulation of the blood in the bladder ; this is accompanied by the most frightful pains and spasms, even by fatal ischuria.

§ 115. The treatment depends upon the exciting cause. If the hæmorrhage should be a mere symptom of inflammation, the remedies for this disease will have to be employed (see first part) *Arnica* is the best remedy when the hæmorrhage had been exclusively caused by external violence, by a blow, etc., applied to the region of the kidneys or bladder. If the disease should depend upon the abuse of spirits, *Nux vom.* is the best remedy to quiet the symptoms at least momentarily. If excessive use of the sexual passion should have caused the disease, the patient has to discontinue this practice, and use a few doses of *China*. *Camphor* is to be given when the disease is caused by Cantharides, whether used as an internal medicine or as a vesicatory.

The principal remedy for this disease, provided no particular cause exists, is undoubtedly *Cantharides*, which not only corresponds to the bloody urine, but also to the distress accompanying the emission. The

most usual pain which a discharge of blood from the urethra causes in this organ, is a burning, which is so much more painful, as little blood is passed; hence the greatest pain is experienced when the blood is discharged in single drops. This difficulty of passing the urine, sometimes depends upon a little coagulated blood clogging up the vesical orifice of the urethra, sometimes upon a spasmodic contraction of the sphincters; in the former case, bloody fibres or lumps of black, coagulated blood are discharged, as long as any of that blood remains in the bladder; afterwards a clear pure blood is discharged. In the latter case relief can be obtained by fomenting the region of the bladder and the sexual organs with the vapours of hot milk or water. *Cantharides* will prove useful in either case when the affection is attended with cutting, pressing and spasmodic pains from the region of the bladder along the ureters to the kidneys. *Cantharides* are likewise indicated when the blood is discharged from the kidneys and ureters accompanied with burning, stitching, drawing, very acute pains in the lumbar and renal regions.

*Mezereum* corresponds to the same symptoms as *Cantharides*, except that the distress and the discharge of blood are less. The blood is not coagulated, but the effusion is recent. Previous to the emission of urine the patient feels a crampy pain in the region of the bladder, and the emission of urine is followed by the discharge of a few drops of blood.

*Pulsatilla* relieved a case with the following symptoms: burning pain at the orifice of the urethra; contractive and cutting pain about the umbilicus, extending to the small of the back, where the pain was most violent and lasted longest; the scrotum and penis were drawn up spasmodically, and a similar spasmodic pain was experienced in the right thigh from the knee to the groin.

In one case *Uva ursi* afforded relief; blood and mucus were discharged, the patient was costive and the emission of urine was accompanied by a painful



urging. I had 50 grains of the leaves of the plant boiled with one pound of water, and gave the patient a tablespoonful every three hours. I resorted to this proceeding when the homœopathic practice was still in its infancy.

*Terebinthina* deserves consideration when the discharge of blood is attended with violent burning and drawing pains in the kidneys, a spasmodic urging and pressing in the region of the bladder, this pain sometimes extending to both kidneys, particularly while the patient is seated, and passing off by exercise; the drawing pains in the kidneys sometimes extend to the hip; previous to micturition the patient experiences during rest a dragging and cutting in the bladder, which pain is relieved by exercise in the open air, but alternates with a similar pain near the umbilicus. The burning in the bladder, which was slight at first, gets worse and worse, becomes intolerable during micturition, and is felt even in the urethra.

It is expedient to give the medicines in as small doses as possible, and to repeat them as often as necessary.

*Squilla*, *Mercurius sol.* and *Hep. sulph.* are said to have effected cures of this disease.

I am unable to say whether *Merc.* and *Hep.* are of any use in hæmorrhages from the kidneys; they may be found useful in hæmorrhages from the urethra.

*Cannabis* corresponds to hæmaturia accompanied with retention of urine, or dysuria, particularly at night, and with burning, smarting, stinging during micturition. As regards *Capsicum*, I have nothing to say from my own experience.

Among the antipsorics, *Lycop.*, *Sulphur*, *Zincum*, *Conium*, *Calc. carb.* and *Phosphorus* will be found most useful.\*

§ 116. *Stymatosis, urethrorrhagia, hæmorrhagia urethræ. Hæmorrhage from the urethra.*

The blood is generally discharged without, very

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\* Also *Sepia*—*Hempel*.

rarely with urine, unexpectedly, spontaneously and without pressing, very rarely with this distress, or with any kind of local pain, sometimes with a kind of voluptuous feeling, the penis being generally relaxed, frequently, however, erect and becoming relaxed during the emission of blood, for instance while the blood is discharged during an embrace, or during an involuntary emission. Burning, and spasmodic contractions during and after the emission of blood, occur very seldom, perhaps only when the discharge of blood is accompanied by suppression of the piles. The blood varies as regards colour and quantity; at times it is fluid, at others coagulated, generally it is discharged in drops, or in a continuous stream, after light exercise; sometimes the discharge is considerable and is attended by exhaustion, convulsions, coldness of the extremities, fainting fits, etc. The blood is generally discharged before the urine, or it can be squeezed out by stroking the urethra. In some cases a peculiar sensation at a particular spot of the urethra seems to indicate the place whence the blood emanates; this spot is painful to pressure and during an erection.

The principal cause of this affection is local or general debility. It is principally met with in men; sometimes at periodical intervals, particularly among old people suffering with hæmorrhoidal irregularities, or in consequence of copious loss of semen, onanism, excessive embraces, frequent gonorrhœa, ulcers in the urethra, or it occurs as a symptom of gonorrhœa, (chordée) in persons who were suffering with violent erections, nocturnal emissions, or who had resorted to excessive masturbation or embraces; in this case a red-streaked mucus is discharged, sometimes, however, a quantity of blood; the bleeding spot is generally situated near the neck of the bladder.

The blood is sometimes discharged from the vessels of the prostrate gland and the vesiculæ seminales, particularly in young and old debauchees, after excessive embraces, onanism; in this case it is frequently passed together with semen.

§ 117. The treatment depends in a great measure upon the exciting cause. *Arnica* is the best remedy when the disease was caused by a mechanical injury; *China*, when the weakness arose from excessive indulgence of the sexual passion, or from self-indulgence, nocturnal emissions, the blood being passed with or without semen. *Cantharides* sometimes remove the disease when it is a mere symptom of gonorrhœa. *Sulphur* seemed to be more suitable in a few of such cases, and is generally indicated when the disease arises from hæmorrhoidal irregularities; *Nux. vom.* is likewise a proper remedy for this condition.

The above-mentioned remedies may likewise prove useful when the exciting cause is unknown. Beside these remedies *Mercurius sol.* is indicated, when blood and semen are discharged, not during an embrace but in nocturnal emissions. *Ledum palustre* and *Mezereum* correspond to a similar condition.

In the case of a man of 37 years, where blood and semen passed off during an embrace, the cure was effected by the higher attenuations of *Nux*, *Sulphur* and *Caut.*, at suitable intervals. *Calc. carb.*, *Cannabis* and *Lycop.* should not be forgotten.

§ 118. *Hæmorrhoidal disease. Hæmorrhoids, piles.*

Hæmorrhoidal disease and hæmorrhoids bear the same relation to each other as arthritis and local gout, scrophulosis and scrofula. They are to each other as cause and effect.

The disease is generally speaking of a dynamic nature, the piles being merely the local symptom. The hæmorrhoidal discharge is nevertheless an imperfect crisis, though it frequently affords great relief.

This disease frequently lasts during a man's lifetime. A cure is possible only when the disease is not hereditary and the cause of the disease can be removed. It is not of itself fatal, but may become so by hæmorrhage or by occasioning a metastasic congestion of noble organs. In many cases the piles

constitute a most salutary critical discharge both in acute and chronic diseases.

The hæmorrhoidal disease is very general, and is the source of a great many chronic diseases.

The rectum is the principal seat of the disease; its characteristic symptom is a congestion of the vessels ramified over the lower extremity of that organ.

Hufeland distinguishes four principal forms of the hæmorrhoidal disease: 1) disposition; 2) fully developed local disease (flowing or blind piles); 3) suppressed piles; and 4) irregular piles, the irregularity referring either to the locality or character of the disease.

In therapeutic respects this division is of no importance. I shall therefore take very little notice of it in describing the treatment of this disease, and simply devote a special chapter to hæmorrhoids of the bladder.

There is no essential difference between blind and flowing piles; the difference consists in a longer or shorter, weaker or stronger congestion of the vessels. The sacral nerves are involved in the disease; the nervous affection is characterized by the following symptoms: more or less violent pain, drawing in the small of the back and loins, beating, burning, tearing, stinging, itching, sensation of fulness and swelling in the rectum, sudden stitches shooting through the pelvis, spasm and tenesmus of the anus, varicose distention of the hæmorrhoidal vessels; itching, gnawing, troublesome sweat of the perineum, etc.

The discharge of blood induces a sensation as if a warm wind were rushing out of the rectum, or as if single drops of warm water were discharged. Generally fæces are passed first, afterwards blood, either pure or mixed with mucus and fæcal matter; the fæces are generally very hard. The blood is discharged periodically, sometimes regularly every four weeks, or every three months, sometimes only every spring and fall, or only once a year, or every week; sometimes the blood is discharged without

regularity, after particular causes. Every new discharge of blood is preceded by the above-mentioned pains; these abate, however, as the blood is discharged more frequently, until the discharges become at last perfectly painless.

The blood which is discharged has a peculiar offensive smell; particularly when the disease is violent; in which case the blood sometimes is very acrid. Generally the blood is bright-red, fluid, and becomes black and coagulated after remaining for some time in the rectum. Sometimes a few drops are discharged, with a sensation as if a warm fluid were dropping out of the rectum; at other times, however, the loss of blood amounts to a debilitating hæmorrhage.

§ 119. Males are more liable to this disease than females. The former are more exposed in consequence of the use of various stimulants, such as spirituous drinks, etc. Females are protected by the menstrual discharge. The disease is more frequent in middle-aged people than at any other period of life; it is likewise hereditary.

*Exciting causes* are: the use of spirituous stimulants and coffee; spices, acrid vegetables; abuse of cathartics and drastics (under alloëopathic treatment), such as aloës, rhubarb, jalap, colocynthis, etc. Other causes are: depressing emotions, excessive mental exertions, deep meditations with sedentary mode of life, relaxing food and drink, excessive use of tea; flatulent food, constant compression of the abdomen in persons leading a sedentary life, literary men, artists, etc.

The disease frequently occurs in persons suffering with constipation, worms, ascarides; or in persons wearing tight clothes, stasis; pregnancy is another cause of the disease.

§ 120. A radical cure is scarcely ever possible. It depends a good deal upon the relation existing between the physician and patient, upon the influence which the physician has over his patient, etc. I for-

bear going into particulars in reference to this subject, and shall content myself with mentioning the remedies which we know from long experience to be the best palliatives for this distressing affection.

*Nux vomica* frequently removes flowing or blind piles, particularly when the disease is occasioned by the abuse of stimulating drinks, wine, brandy, beer, coffee, or by mental exertions with sedentary life, constant compression of the abdomen, or even by the passage of hard fæces, by worms, particularly *ascarides* (in the latter case *Valeriana*, *Mercur.*, *Ignat.*, *Marum verum*, etc. may prove useful). *Nux* is likewise indicated when the disease is caused by pregnancy, swelling of the abdominal organs, organic defects of the rectum and adjoining parts. *Nux vomica* is more particularly indicated by the following symptoms: hæmorrhoidal tumours with burning-stinging pains, constrictive sensation in the rectum, narrowness of the rectum on passing the fæces; jerking, dull stitches in the small of the back and ischia; bruised pain in the small of the back on making the least motion, causing the patients to cry out, and permitting them only to walk and stand in a stooping position; pure blood is passed with the stool or afterwards, accompanied with a constant urging to stool.

*Belladonna* is indicated in flowing piles, by intolerable pains in the small of the back, sensation as if the back would break. Sometimes the pains are removed by *Belladonna*, sometimes only modified, so that *Hepar sulph.* is indicated, afterwards. *Rhus tox.* is sometimes preferable.

*Sabina*, which is an excellent remedy for hæmorrhage generally, is likewise admirable in profuse piles, with discharge of bright-red blood or blood mixed with mucus, particularly when the following symptoms are present: cutting pain deep in the abdomen, pressing pain in the sphincter ani, constant urging to stool, creeping and burning in the anus, paroxysms of stitching pain in the small of the back, obliging the patient to stoop for a time; burning,

drawing, sometimes aching pains in the small of the back.

*Millefolium* will sometimes prove useful in cases similar to Sabina.

*Capsicum* proved useful in some cases of flowing piles, where the discharge of blood continued for some days and was accompanied by violent burning pains, which, however, took place only when considerable hæmorrhoidal tumours were present; I found it also indicated when the evacuations consisting of little fæcal matter and a quantity of bloody mucus, were preceded by colic as if from flatulence. A standing symptom in piles are drawing pains in the back and small of the back. *Arsen.* seems to be the best remedy, when the bloody discharges are attended with burning pain, and great prostration and debility. Latterly I have employed *Carbo veg.* for such symptoms, especially when a violent congestion of the head and bleeding of the nose were present, and the patient complained of constant discharges of mucus from the anus, staining the linen. *Antim. crud.* likewise proved serviceable for this group of symptoms.

*Aconite* should always be given when the discharge of blood is accompanied with vascular irritation. *Aconite* corresponds to discharges of blood from the hæmorrhoidal and other vessels, to a sensation of debility in the bowels as is induced by a cathartic, stinging and pressure in the anus, tensive and aching or colicky pains with a feeling of fulness deep in the abdomen, bruised feeling in the sacral and lumbar bones, and various other symptoms, which frequently attend the hæmorrhoidal discharge.

*Chamomilla* may be tried for flowing piles, with compressive pain in the abdomen, frequent urging to stool with occasional diarrhœic evacuations, drawing-tearing pains in the small of the back, particularly at night.

*Pulsatilla* corresponds to discharges of blood and mucus, with painful pressing in the hæmorrhoidal tumour, pains in the back, livid complexion, fainting feeling, particularly when these symptoms occur in slen

der and sensitive individuals. *Mercurius* might likewise be useful in such a case.

*Cantharides* will probably prove ineffectual unless a crampy pain in the abdomen and region of the bladder is present.

The principal remedies for old, distressing hæmorrhoidal tumours, which frequently swell up and protrude, are: *Nitr. acid.*, *Calc. carb.*, *Acid. mur.*, *Lycop.*, etc. When the tumours are burning and painful, *Carbo veg.*, *Arsen.*, *Phosphor.*, *Acid. sulph.* and *Graph.* should be given, Phosphorus particularly when the burning is experienced while sitting and lying. *Graphites* and *Acid. sulph.* correspond to itching and humid tumours.

*Sulphur* is one of the most important remedies for blind or flowing piles; it is indicated by the following symptoms: constant urging to stool which continues even after a diarrhœic or bloody evacuation, accompanied with a most distressing stinging soreness in and about the anus; the tumours are burning, humid, and occasion a fulness in, and falling of, the rectum. Violent stitching pains in the back and small of the back are present, with stiffness in the small of the back, like tension, as if the parts were too short, the patient sweats after the least motion, and at night; walking fatigues him even unto fainting; burning pains in the urethra previous to and after micturition are frequently present. *Sulphur* is likewise the principal remedy for hæmorrhoidal colic with spasmodic contractive pains in the abdomen around the umbilicus, extending to the chest, pelvis and sexual organs, accompanied with cutting and stitching.

*Ferrum*, *Antin. crud.*, *Cuprum*, *Acid. mur.*, *Calc. carb.*, *Phosphor.*, *Sepia*, *Carbo veg.*, *Ammon. carb.*, *Caut.*, *Lycop.*, *Natrum mur.*, *Colocynth.*, *Baryt. carb.* *Borax*, *Graph.*, *Nitr. acid.*, etc., should likewise be mentioned as useful remedies for the hæmorrhoidal disease.

For the particular indications of these remedies I refer the reader to the provings. The symptoms of



the hæmorrhoidal disease are so various, that it is impossible to describe them minutely in this treatise; a whole book would scarcely be sufficient for such a task.

§ 121. *Hæmorrhoids of the bladder.*

This affection is most frequently met with in old people, less frequently among females; it results either from suppression of the piles or from a peculiar weakness and irritability of the genital organs. The disease is frequently, but at irregular periods, accompanied with more or less distinct hæmorrhoidal symptoms, or it alternates with hæmorrhage from the anus.

Hæmorrhoids of the bladder are always accompanied with urinary difficulties, burning during micturition, involuntary emission of urine, spasmodic, tensile, pressing pains in the region of the bladder and urethra, which are sometimes very acute; pains, burning, tension in the anus, small of the back, back and perineum, tenesmus of the rectum, colic, distention of the abdomen, priapism, nocturnal emissions, itching of the glans, local sweats and various other symptoms, which are the usual concomitants of piles. The disease is sometimes accompanied by a febrile condition.

These hæmorrhoids are, like piles, either flowing or blind. The blood is generally discharged from the vessels of the neck of the bladder or from the urethra; the discharge is accompanied with an abatement of the pains. The blood is discharged either before, during or after micturition, and sometimes without urine; the quantity discharged is generally small; the blood is either fluid and red, or black and coagulated. Polypus-shaped masses, which are sometimes mixed with pus and blood, are discharged in many cases, from time to time, amid frightful pains and spasms.

Blind hæmorrhoids of the bladder are a very painful and distressing affection, and, if inveterate, yield

to treatment very slowly. The pains and the burning in the bladder and urethra are frequently frightful. The urine is discharged in drops.

§ 122. Hæmorrhoids of the bladder and hæmaturia are very similar diseases. In either disease it is difficult to trace the cause unless a latent psora is considered as such. It is particularly difficult to discover the cause of blind hæmorrhoids of the bladder; this disease has altogether to be treated according to the perceptible symptoms.

The remedies for hæmorrhoids of the bladder are the same as those for hæmaturia. Beside these remedies the following medicines will be found useful in this disease: *Nux vomica*, which should be chosen in accordance with the abnormal sensations in the bladder and urethra, with the exciting cause and the disposition of the patient. *Dulcamara* should be given when the disease is caused by a cold, provided the symptoms correspond. *Plumbum*, *Antim. crud.*, *Nitric acid.*, *Euphorbium*, *Canthar.*, *Capsicum*, may likewise prove useful. The principal remedy is the *tincture of Sulphur*. *Calc. carb.* is proposed by some, because it cures polypi of the bladder. *Uva ursi* has proved a good remedy in this affection.

§ 123. *Practical observations on Hæmorrhages from other organs.*

In the second number of the sixth volume of the Archive I have reported two cases of hæmorrhage from the eyes. Though not dangerous in itself, yet the disease may easily become so, and may lead to an organic disease of the organ. It generally occurs in violent ophthalmia, and in debilitated and cachectic individuals. To treat such a hæmorrhage, the totality of the symptoms has to be carefully considered. In the case of cachectic children that were brought up on heavy food, and were not kept clean, *Chamomilla*, *Bellad.*, *Puls.*, will be required, when the hæmorrhage is accompanied with thin stools, moist skin and great restlessness. *Nux vom.*, *Bryon.*, *Staphys.* correspond

to a similar condition when constipation is present. *Aconite*, *Bellad.*, *Merc.*, *Clemat.* are indicated when a febrile condition is present. And when the affection is accompanied with general atrophy, hectic and phthisicky symptoms, *Hep. sulp.*, *Sulph.*, *Stann.*; *Plumb.*, *Rhus tox.*, *Dulc.*, *Arsen.*, etc., are indicated.

The same general remarks apply to *hæmorrhage from the gums*. This disease may indeed be an idiopathic affection of the gums, though generally it is a symptom of a general derangement of the organism. The blood is discharged from the anterior portion of the buccal cavity without cough or hawking. The hæmorrhage is generally increased by sucking and pulling with the tongue; the blood is bright-red or blackish, pure or mixed with saliva, though never thoroughly; it is never frothy, except when coming in contact with the trachea, which excites a cough. Sometimes the hæmorrhage is attended with a tickling, burning or some other painful sensation. Sometimes the hæmorrhage is occasioned by the presence of sordes; in this case the mechanical irritation has first to be removed by mechanical means before the dynamic treatment is commenced. One of the most important medicines for hæmorrhage from the gums, when these are pale and shrivelled or even corroded, is *Staphys.*, highest potency; this remedy appears to possess a general curative influence on the teeth, even in the most violent toothache of various kinds. It is likewise indicated when the hæmorrhage is excited by cleaning the teeth. *Mercurius vivus* corresponds to bleeding from the gums when these are swollen, interstitially distended, spongy, with indented edges, painful and retreating from the teeth. Formerly I was in the habit of using *Acidum phosp.*, when the bleeding was occasioned by contact and friction and was attended with soreness. Latterly I have substituted *Phosphorus* for Phosphoric acid, and have frequently removed the whole difficulty by the alternate use of *Phosphor.* and *Carbo veg.* *Alumina* seems to be useful in this affection, likewise *Rhus tox.*, *Ambra*

and *Ruta*, and among the antipsorics, *Sepia*, *Natrum mur.*, *Lycop.*, *Kreusot.*, *Agar.*, and *Ratanhia* should be mentioned, particularly when blood and an acid humour are drawn from the gums by sucking at them with the tongue.

§ 124. *Morbus Maculosus hæmorrhagicus Werlhofii; hæmorrhagia petechialis; effusion of blood into the cellular tissue.*

This rare, sporadic, non-contagious disease generally befalls weak subjects. It is recognised by the appearance of bloody spots on the skin, and by the simultaneous occurrence of hæmorrhages from other parts of the body. I have nothing to say of precursor symptoms, as they are too indistinct. In many cases the disease occurs suddenly, and the bloody spots are similar to petechiæ as occur in acute diseases. They are small, red, round lentil-sized spots in the skin, not raising the epidermis, and resembling a recent flea-bite, except that no trace of a bite is perceptible in the centre; they are dark-red, sometimes bluish and blackish, or even scarlet-red on the first day, and turning bluish and greenish on the second, as is the case with ecchymosed blood. The spots are frequently very numerous and crowded together. They are not of an inflammatory nature, do not itch as exanthematic spots, disappear gradually and terminate without the least symptom of desquamation. They appear most frequently on those parts of the body which are covered. The spots are sometimes accompanied with hæmorrhage from some other organ, the mouth for instance. There is no fever, the pulse is slow, small, feeble, sunken; the patient is weak, the whole body is pale and cold, there is no appetite, the patient complains of vertigo, confusion of the head, a dull headache, etc. Authors state that the disease lasts nine days; under homœopathic treatment I have seen it disappear in four.

§. 125. I have very little to say about the treatment of this disease, not having had many cases to treat.

In one case I gave *Bryonia* and *Belladonna*. highest potencies, and on the fourth day the disease disappeared. *Aconite*, *Arnica*, *Ledum*, *Rhus t.*, *Secale corn.*, *Phosphor.*, *Sulph. acid*, *Kreas.*, and *Ars.* deserve consideration in the treatment of this disease.

§ 126. *Menses, Catamenia.*

According to all intelligent physicians, the appearance of the menses in young females shows that the sexual powers have reached their full development, and that the female is capable of performing the function of utero-gestation. Regularity in the menstrual functions is indispensable to the healthful preservation of the whole organism. The more regularly those functions are performed, the better is the woman's health.

The menstrual discharge seems to be owing to the necessity in which the woman is placed of relieving the organism of the superfluous blood which would otherwise be required for the formation and sustenance of the fetus. It seems likewise to constitute a vicarious satisfaction of the sexual passion, and thus to protect the woman's purity.

It may therefore be said that the menses constitute an active, critical, periodical secretion; hence their great influence on the organism. They stimulate and purify the uterus and whole organism, and are frequently accompanied with altered smell of the breath, dim eyes, cutaneous eruptions, nervousness and even real nervous symptoms. In one word, the menses constitute a perfect monthly crisis.

Before entering upon the treatment of menstrual irregularities, it is expedient that I should mention a few general hygienic and dietetic rules which every woman should follow.

§ 127. *Dietetic rules.* Every thing should be avoided which might have a tendency to occasion a morbid excitement of a woman's imagination, which is a frequent cause of disease. A woman should be

treated with particular attention during pregnancy or during the period of the catamenial discharge. Depressing emotions, anger, fright, chagrin, should be avoided as carefully as possible.

In treating diseases of females the physician should pay strict attention to the following points.

1) The patient should be induced to take sufficient exercise in the open air, to keep herself very clean, to bathe frequently, to change her linen as often as required. Violent exercise, such as dancing, or exposure, heavy food, such as food made of flour, fresh bread, violent emotions, embraces, cathartics, baths, should not be used during the menstrual flow, even by patients who are using the mineral bath as treatment. Cases of imminent danger are of course excepted.

2) The patient should use a sufficient quantity of beverage, little coffee, but more cocoa, milk, light beer, chocolate without spice, light tea, or a drink prepared of roast corn or barley. These are warm drinks and have a tendency to relax the stomach. The patient should therefore drink a few pints of cold water every day. Spirituous drinks, wine, liquor, etc. should be strictly forbidden.

3) The patient should take her meals at regular periods; dinner and breakfast may be warm, but the supper had better be cold.

4) The patient should sleep only once during 24 hours, except in cases of great debility and depletion. During sleep the body should always be made easy, the clothes, and more especially the corsets, should be taken off. If the disease should have been caused by the use of corsets, the patient should not be required to lay them off entirely, but simply to put them on more loosely, otherwise the patient might complain of weakness of the back and the body generally, which would be more distressing than the moderate use of corsets.

5) All artificial preparations, to beautify the complexion, or all means to diminish the colour of the face, drinking vinegar, abuse of common or herb-tea, lime,

chalk, etc. should be avoided. If the patient insist upon using pomatum, let it be simple beef's-marrow.

6) Women are very apt to neglect a call of nature, either from indolence, shame or some other cause. This is exceedingly improper and might be hurtful.

7) The sexual organs should be washed with fresh cold water several times a day, and during the menses with tepid water. All the other general dietetic rules which have been mentioned in this work, likewise apply to females.

§ 118. *Retarded appearance of the first catamenia.*

The first appearance of the menses constitutes an important change in the female organism. It is accompanied with new emotions, new impressions in both mind and body.

In our climate it takes place between the 14th and 18th year, in the South it occurs more early. Industrious females menstruate later than those that lead an idle life. In rare cases the first menstruation takes place after the 20th year, or after marriage. A too early appearance of the menses indicates debility, and a strongly developed sexual instinct. It is of importance not to hasten the first appearance of the menses by improper medical treatment. On the other hand, nature should be assisted by treatment, when the first menses are evidently too slow to make their appearance.

The symptoms of retarded appearance of the first catamenia are more strikingly marked in sensitive, delicate persons. A careful diet is sometimes sufficient for their removal, but medical treatment is very often required. These symptoms are: Congestion of the head, characterized by heaviness; palpitation of the heart, oppression of the chest; sensation of warmth and fulness in the abdomen; general heaviness of the body, occasional flushes of heat and redness in the face; lassitude of the lower extremities; painful sensations in the small of the back and pelvic region; drawing in the thighs; frequent urging to urinate. When these symptoms make their appearance, the

menses generally follow very soon ; but if they should continue for a long time without the menstrual flow, the patient should take a good deal of exercise in the open air, should eat more vegetable than animal food, drink a good deal, and be cheered up by pleasant company.

If the above-mentioned symptoms should be very violent, and all the symptoms of congestion of the head and chest be present, the medicines which have been recommended for this affection, should be used. *Pulsatilla* is excellent when the congestion of the chest and head is accompanied with congestion of the abdomen and uterus, with sensation of pressure as from a stone, chilliness, stretching, yawning and other febrile symptoms. *Chamomilla* and *Veratrum* are sometimes indicated by the symptoms.

The principal antipsoric remedies for this disease are *Sepia*, *Coxium*, *Murias*, *Magnes.* and *Lycop.*

If the female should not complain of any distress, on the contrary, should feel quite well, the physician should never interfere with medicine, except if the patient complain of fulness and be otherwise perfectly developed ; in this case it is undoubtedly expedient to assist nature. I generally commence with *Pulsatilla*, particularly if the retarded appearance of the menses should be attended with nervousness, a whining, vexed, timid disposition, pale complexion, flabby muscles. *Nux vom.* corresponds to the opposite disposition, vehement, choleric temperament, plethora without congestion, redness of the cheeks, general turgescence of the body. If these remedies should be without effect, the following remedies may be tried : *Causticum* and *Graphites*, particularly when the menstrual flow is very scanty and ceases again speedily. *Natrum mur.* and *Kali carb.*, when the menses do not appear, and *Calc. carb.*, when the menses remain suppressed, but the whole constitution of the patient points to an abnormal plethora. *Sulphur* is the principal remedy, a few doses of which should be given in every case previous to the exhibition of any other remedy, particularly when chlorotic symptoms exist.



§ 129. *Suppression of the menses.*

The menses sometimes stop suddenly, in consequence of a cold, washing the feet or the sexual organs with cold water during the flow; or in consequence of immoderate dancing, violent chagrin, anger, fright, dietetic transgressions, etc. The menstrual flow sometimes disappears gradually, in consequence of poor food, abuse of warm drinks, or the slow impression of sad emotions.

The more suddenly the suppression of the menses takes place, the more violent are the symptoms resulting from that suppression. These symptoms are: violent headache, anguish, oppression of the chest, internal and external spasms, violent bleeding of the nose, spitting of blood, congestion of the head, heart and lungs. The medicine should of course be selected in accordance with the symptoms and with reference to the exciting cause.

*Cocculus* is sometimes indicated when violent abdominal spasms take place at the period when the menses should make their appearance, particularly when the spasms are accompanied with pressure on the chest, oppression of breathing, anxiety, moaning, paralytic weakness, inability to utter a loud word, relaxation of the extremities, convulsive motions, and scarcely perceptible pulse. *Cuprum aceticum*, or, what is still better, *Cuprum metal.* is closely related to the former remedy. It corresponds to excessive spasms in the abdomen, extending to the chest, to loathing, retching, vomiting, cramps in the extremities, resembling epileptic spasms, and obliging the patient to cry out.

*Valeriana*, *Platina*, *Belladonna*, *Ignat.*, *Magnes. arct.*, *Mezereum*, *Digit.*, and other remedies are likewise useful in this affection.

If these remedies should not be sufficient to bring on the menses, the following antipsorics have then to be given: *Magnesia carb.*, *Magnes. mur.*, *Sulphur*, *Sepia*, *Zinc.*, *Silic.*, *Lycop.*, *Graphit.*, *Acid. nitr.*

For retarded menstruation the same remedies

should be used as for suppressed menses. *Pulszt.* is a specific remedy for the spasms induced by delay of the menstrual discharge. The following remedies are likewise useful: *Cicuta*, *Terebinthina*, *Zincum*, particularly when the menses are suppressed and the breasts are swollen; *Calc. carb.* for suppressed menses and great fulness; *Graphites*, for delaying menses with hoarseness, head-ache, swelling of the feet, chilliness, labour-like pains in the small of the back; *Natrum mur.*, for delaying, scanty menses; *Strontiana* for delaying menses; afterwards a sort of serum is discharged, followed by lumps of menstrual blood; *Sarsapar.* for delaying, scanty and acrid menses, etc.

Useful external applications are: foot baths, vapour-baths of the genital organs, friction of the thighs; injections of the rectum; dry cupping on the inner side of the thighs.

#### § 130. *Metrorrhagia.*

This is a frequent disease, both among married and unmarried females. It is difficult to say how much blood a female ought to lose, but a large quantity of blood should not be lost, were it in a longer or shorter period of time.

Metrorrhagia is preceded, some time previous to its occurrence, by some of the following congestive symptoms: painful drawing and dragging from the small of the back to the sexual organs and thighs, sensation of heaviness, fulness, increased warmth and throbbing in the pelvis, even colicky pains; frequent urging to urinate; tickling and burning in the sexual organs attended with chilliness, heat, accelerated, soft, sometimes double pulse, palpitation of the heart, swelling and sensitiveness of the breasts, etc. The appearance of the discharge is sometimes attended with chilliness, paleness of the face and coldness of the extremities; single drops of blood being sometimes discharged, and at other times, periodically, large quantities of a dark, black blood, which contains a great many coagula; the discharge is accompanied with nervous symptoms,

such as labour-like pains, spasmodic pains of the bladder, convulsions, vomiting, spasmodic laughter, weeping, shaking, etc. Metrorrhagia is soon followed by depletion, and the patient easily falls a victim to the disease.

This disease is generally accompanied with great weakness of the uterine vessels, and a morbid irritation of the uterine system, in persons with an irritable, nervous temperament. It is occasioned by onanism, lascivious conversations, exciting novels, spirits, coffee, heavy wines, excesses during the menses, dancing, immoderate caresses, etc.

*Nux vom.* corresponds to metrorrhagia with excessive nervous and sexual irritation; the patient is offended at every thing, is vehement and headstrong, every little noise frightens her, makes her anxious, she has a particular disposition for lying down and an aversion to open air. *Pulsat.* may be given alternately with *Nux vom.*, to quiet the patient's nerves. *Coffea cruda* and *Magnes. arcticus* are likewise useful to remove great nervous sensitiveness.

*Nux vom.* is the principal remedy for excessive menstruation, or for a too frequent recurrence of the menses.

*Chamomilla* corresponds to a discharge of dark, blackish, coagulated blood, with drawing, griping pains from the ischiatic to the pubic bones, fainting fits, coldness of the extremities, great thirst.

Excessive menstruation is frequently owing to the abuse of Chamomile-tea; the effects of this abuse can be neutralized by *Nux vom.*, *Ignatia*, or *China*.

The remedies for excessive menstruation are the same as those for metrorrhagia. Formerly I used to combat excessive menstruation, even when crampy, compressive pain in the uterine region were present, with repeated doses of *Ignatia*.

If these remedies should be ineffectual, the following antipsorics will have to be used: *Sulphur*, *Calcar.*, *Lycopod.*, *Phosphor.*, *Kali carb.*, *Carbo veg.*, *Magnes. mur.*, *Silic.* and *Sepia*.\*

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\* *Aconite* and *Secale corn.*, particularly the former, are indis-

§ 131. *Metrorrhagia* of lying-in females frequently arises from irregular contraction of the uterus, from want of rest or other irritations. The patient should be perfectly quiet, be kept in a horizontal position, and should avoid every thing that might favour a congestion of blood to the uterus, particularly tea and coffee.

*Chamomilla* is excellent when a dark, blackish, coagulated blood is discharged in paroxysms; when the discharge of blood is accompanied with violent, labour-like pains in the abdomen, thirst and coldness of the extremities. *Chamomilla* is more suited to discharges of venous than arterial blood, of course it should not be given when these symptoms result from abuse of *Chamomile* tea.

*China* should be given if the hæmorrhage be caused by atony of the uterus after confinement, with want of contractions, the patient is cold and blue, with jerking movements of the body, proceeding from depletion rather than spasm; the region of the uterus should be gently rubbed, and a few drops of cold water may even be applied to it.†

*Belladonna* corresponds to a discharge of partly dark, partly bright-red blood, constant pressing in the inner genitals, as if the uterus would prolapse, violent pains in the small of the back as if it would break or split.

*Platina* is indicated by a discharge of dark, thick blood without being coagulated; the pain extends from the small of the back to both groins, with a pressing-down sensation in the inner parts, excessive sensitiveness and great irritation of the sexual organs.

*Crocus* is indicated by discharges of black, lumpy, viscid blood, with cutting pains deep in the abdomen, extending to the small of the back. *Sabina* is indicated by a bright-red blood, with labour-like pains from the small of the back to the groins. *Ferrum*,

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pensable in many cases of excessive menstruation. *Crocus*. likewise.—*Hempel*.

† *Secale* is not to be forgotten in this condition.—*Hempel*.

*Ratanhia* and *Kreasot.* deserve consideration in these cases. *Ferrum* is useful when the blood is at times fluid, at others black and lumpy, with labour-pains in the groins and abdomen, great vascular excitement and a fiery-red face.

*Ratanhia* corresponds to metrorrhagia with intense pains in the small of the back. This is all I can say of this medicine.

*Kreasotum* corresponds to the following symptoms: discharge of a large quantity of dark blood, followed for some days by the discharge of a bloody ichor with a pungent smell, corrosive itching and smarting of the parts; then the metrorrhagia recommences, consisting of coagulated pieces of blood, accompanied with buzzing, and pressing in the head from within outwards.

*Bryonia* is useful for copious discharges of dark-red blood, with violent aching pains in the small of the back, acute pressing pains in the head from within outwards, particularly in the temples.

*Hyoscyamus* corresponds to the following group of symptoms: The metrorrhagia sets in with general spasms of the whole body, interrupted by jerks or starting of single limbs, followed by rigidity of the joints. Such paroxysms generally occur among females who had been attacked with spasms during pregnancy. There is a continual discharge of bright-red blood, which is increasing during a new paroxysm of spasmodic shaking of the body; the pulse becomes more and more feeble, the number of pulsations keeps decreasing, and finally the pulse becomes intermittent.

If the discharge of blood should recommence every time the patient attempts to move about, the patient will find relief by touching for one minute the *South-pole of the magnet*.

*Ipecacuanha* is indicated by a cutting pain around the umbilicus, a pressing towards the uterus and anus, chilliness and coldness of the body, with rising of heat to the inner parts of the head.

*Sabina* corresponds to discharges of large lumps

of coagulated blood, with a labour-like drawing in the lumbar vertebræ and uterine region; also to paroxysmal discharges of bright-red blood, particularly during motion, the os tinæ being constantly open.

*Secale cornutum* is suitable in metrorrhagia arising from atony of the uterus, when the pains are either inconsiderable or entirely absent; the uterus is distended. This medicine deserves particular attention in metrorrhagia after confinement.

*Ignat.*, *Nux. vom.*, *Millef.* and several other medicines may perhaps be employed with success in some cases, though I have never used them. The reader will please read over my remarks about critical discharges of blood contained in the first part of this work.

### § 132. Miscarriage.

Hæmorrhages in the first period of pregnancy are apt to lead to miscarriage, which usually comes on again about the same time during the next pregnancy. If miscarriage should already have taken place, the subsequent hæmorrhage is easily arrested by *Chamomilla*, *Sabina*, *Crocus*, *Calcar. carb.*, etc. It can only be prevented by commencing a treatment against it at the first indications of pregnancy. The first miscarriage is sometimes occasioned by the indiscretion of the pregnant female, and establishes a disposition to a recurrence at the same period during the next pregnancy. If the miscarriage depend upon the presence of psora, the antipsorics have to be resorted to, to remove the disposition. In many cases, however, a few doses of *Sabina*, given at tolerably long intervals during the first period of pregnancy, are sufficient to prevent the miscarriage.

*Secale corn.* may sometimes be used instead of *Sabina*. I have frequently prevented miscarriage by giving a dose of *Secale*, particularly when the uterus was distended.

*Nux vom.* is sometimes useful when the vessels of

the internal sexual organs have become varicose in consequence of frequent congestion. This condition is frequently owing to the excessive use of coffee, accompanied with retention of stool; the straining at stool is apt to induce premature uterine contractions. If the miscarriage depend upon abuse of coffee, it can sometimes be prevented by simply abstaining from that beverage. A few doses of *Nux* may be given at the same time.

If the psoric miasm should be the cause of the hæmorrhage, and a varicose condition of the vessels should be present, *Carbo veg.*, *Calc. carb.*, *Lycop.*, and *Zincum* are required. When the vessels are not varicose, *Sepia* (one of the principal remedies), *Sulphur*, *Silicæ*, *Cannabis*, and perhaps also *Ratanhia* should be used.

### § 133. *Scanty menses.*

Both profuse and scanty menstruation are relative terms, not referring to the quantity of the blood discharged, but to the constitution of the patient, and the morbid symptoms existing at the period of the menses. If the health of the patient should be bad during the menstrual period, or if a general derangement of the system should evidently co-exist with the scantiness of the discharge, the menses are not sufficiently copious. Such a derangement is characterized by violent vascular orgasm in the chest and head, heat, indolence, heaviness of the feet, hard, full pulse, etc. If the patient enjoy good health in spite of the scanty flow, there is no occasion for medical interference.

*Pulsatilla*, *Nux. vom.*, *Ferrum*, *Rhus tox.*, *Dulcam.*, are generally given for this disorder. But, in many cases the disease depends upon the presence of latent psora, and requires for its removal the use of anti-psoric remedies, first *Sulphur*, then *Graph.*, *Magnes.*, *Natrum mur.*, *Caust.*, *Sepia*, *Silic.*, *Ammon carb.*, *Conium*; the last-named remedy is very useful in uterine spasms.

§ 134. *Morbid phenomena occurring during the catamenia.*

Morbid phenomena frequently occur during the menses; sometimes they commence a few days previous to their appearance and abate gradually after the menstrual flow has commenced; in other cases the pains set in together with the menstrual discharge. The patients generally are nervous, irritable females, and the disease is either hereditary, or brought on by effeminate habits of life. An improved regime is sometimes sufficient to remove the difficulty. The patient should lead a more active life, should keep up a cheerful temper, take frequent exercise in the open air, avoid every kind of nourishment that the patient knows disagrees with her, and adapt her clothing to the season, without ever compressing the abdomen which easily leads to constipation.

The morbid phenomena occurring during the catamenia, are so numerous that it is impossible to detail them minutely, and to point out specific remedies for every morbid condition. The principal remedies for the common symptoms, such as: orgasm of the circulation, congestions of the head, oppression of the chest, nausea, sickness, colicky pains, etc. are: *Cham. pulsat.*, *Nux. vom.*, *Ignat.*, *Bellad.*, *Veratr.*, *Coccul.*, *Chin.*, *Hyoscyam.*, *Coff.*, *Plat.*, *Cuprum*, and others. When symptoms of mental derangement are present during the catamenia, *Puls.*, *Veratr.*, *Bellad.*, *Hyoscyam.*, *Platin.*, *Stramon.*, *Capsic.*, and several other remedies, are the principal agents. A total suppression of the menstrual discharge, accompanied with mental derangement, abdominal and arthritic affections, which always are worse at the appearance of the menses, yields to *Sepia*, *Conium*, *Lycop.*, *Magnes. mur.*, *Silic.*, *Natrum mur.*, particularly if the patient feel sad previous to the appearance of the menses.

Another morbid symptom previous to, and even during the menses, is the swelling of the breasts, with violent burning and redness of the nipple and areola. The parts should be kept warm, and the following



medicines should be used: *Chamom.*, *Pulsat.*, *Bellad.*, *Rhus t.*, *Conium*, *Calc. carb.*, *Carb. veg.*, *Psorin*.

#### FOURTEENTH CLASS.

##### § 135. *Cancer, carcinoma.*

Adventitious growths bear no resemblance to fully developed physiological tissues; their elementary constituents do either not appear in normal tissues, or at most only seen in the early stages thereof. Adventitious growths generally contain within themselves the germ of dissolution, and likewise bring on the destruction of the normal tissue where those growths are deposited. Cancer is one of such growths. Its development takes place slowly, sometimes, however, rapidly and accompanied with inflammatory symptoms. It is either an infiltration, or a tubercle of various sizes and forms, or a cyst (cysto-carcinoma). A carcinomatous formation is either fluid, cellular or fibrinous, according as its constituent particles vary (fat, gelatine, albumen, formative disks, formative cells with kernels, fibrin, pigmentous cells, adipose cells, cartilaginous cells, etc.). The nature of carcinoma likewise depends upon these constituent particles existing singly or combinedly in the carcinomatous growth, upon the stage of development attained by the disease, the seat of the disease and the age of the patient. Some cancers are soft like the brain, others of the consistence of lard, others again hard as cartilage. A cancerous formation may pass through the following changes: change to ichor, gangrenous necrosis, transformation into a soapy matter and shrinking. The two last conditions may terminate in recovery, provided the general cancerous dyscrasia is removed. The most frequent terminations are: transformation into ichor and suppuration.

Middle-aged and old people are principally affected with the following varieties of cancer: Carcinoma of the mammæ, uterus, stomach and intestines; young people with carcinoma of the lymphatic glands, brain, bulbus and bones.

There are various forms of cancer, a) *medullary carcinoma*, divided into *fungus hæmatodes*, when the cancerous growth contains a multitude of blood-vessels, and *fungus melanodes*, when the growth contains a quantity of granular pigment. In regard to consistence, cancer is semi-liquid, of the consistence of lard or cartilage; in regard to colour it is white, reddish, gray-reddish, black; in regard to texture: granular, fibrinous, cellular, in layers, glandular, etc. This form of cancer is the most malignant, for this reason, that it is frequently a very acute disease and reaching to a very large size in a very short time, that it readily terminates in ulceration and destroys the normal tissue, and that it is liable to inflammation and hæmorrhage, in consequence of its great vascularity. Recovery takes place more frequently in this than in any other variety, by the transformation of the cancer into ichor, soapy matter, and by incrustation. It occurs in the liver, kidneys, testicles, lymphatic glands, lungs, bones.

b) *Fibrinous carcinoma*, which is the hardest and most compact in consequence of fibrin being the principal constituent in this kind of cancer. It grows very slowly and, by its hardness, induces an injurious density and shrinking of the adjoining parts. It becomes interwoven with these parts, draws them nearer to itself, occasioning a shortening, contraction of the parts, and even a change of locality in adjoining organs. This kind of cancer is generally knotty, bunched, in layers or ramifying, in the mammæ, stomach, colon, uterus, salivary glands, bones.

c) *Alveolar carcinoma*, consisting of several cells with thick walls and of a larger or smaller size; these cells are filled with a gelatinous, gluey, grayish or yellowish, transparent mass. It principally occurs

in the stomach and colon, on the peritoneum, in the ovary, bones ; rarely in the uterus, liver, kidney.

*Causes* : Dyscrasia, bad food, want of air, damp air, suppression of the secretions, neglect of the skin, etc. The local appearance of the cancer is frequently preceded by general debility, emaciation, a feeling of illness, bruised sensation, cachectic appearance, prostrated condition of the nervous functions, irregular attacks of fever, etc.

Course, terminations and prognosis have been mentioned in the previous paragraphs.

It is impossible to indicate a general treatment for cancer. In many cases the symptoms are the only guides to the selection of remedies for palliative purposes.

### § 136. *Scirrhus and cancer of the uterus.*

Before describing the treatment to be pursued for cancer, it is expedient to mention a few morbid states which sometimes occur at the critical age, and frequently have an intimate connection with the formation of cancer.

§ 137. The natural cessation of the menses is sometimes accompanied with violent symptoms, occasioned by irregular diet and habits of life. The menses appear at irregular periods, every fortnight, or every three weeks, or even after several months. They are then frequently very profuse, and lead to congestions in various parts of the body, particularly in plethoric patients who use a good deal of wine, coffee, tea, etc., and lead a sedentary life. These congestions sometimes appear on the skin in the shape of sugillations, extravasations of blood under the skin, with burning, stinging and itching in the skin, restlessness, disturbed and anxious sleep, costiveness and retention of stool. These symptoms, if violent, may terminate in sanguineous apoplexy. These symptoms are most speedily relieved by *Nux vom.*, the diet

being carefully regulated. Nux is particularly suitable to plethoric and robust females.\*

If the congestion should be characterized by burning, stinging, fulness, tension and pressing in the inner parts, and if it should be accompanied by drawing-cutting or pressing, crampy pains in the lumbar and sacral region, *Belladonna* is the best remedy, in some cases to be followed by *Hepar sulph.* and *Sulph.*, provided these remedies are indicated by the symptoms.

Nervous persons should likewise avoid coffee, tea, and other stimulating drinks, and should take plenty of exercise in the open air. Alternate doses of *Aconite* and *Coffea*, supported by an occasional dose of *Ignatia* and *Pulsat.*, are the best medicines for such patients.

If the congestion of the head be characterized by a burning sensation in the head, bleeding of the nose, etc., *Crocus* should be given, to be followed by *Carbo veg.* for the complete cure of the patient.

The following affections, though not properly belonging here, yet may as well be mentioned here as any where else.

Women who have borne children, sometimes remain afflicted in after years with pot-belliedness, for which Jærg recommends washing with equal portions of rum and vinegar, and the wearing of a bandage. Gross proposes *Sepia*, at intervals.

The metrorrhagia which frequently occurs during confinement, and is followed by excessive debility, is probably one of the predisposing causes of carcinoma of the uterus. For this state of debility *China* is the best remedy, to be followed by *Kreasotum*. If the debility be purely nervous, a few magnetic passes daily are sufficient to a cure, or else *Coffea*, *Veratr.*, *Valeriana*, *Viol. odor.*, *Aconite*, *Nitri acid.*, *Sulphur*, and particularly *Kali carb.*

The falling off of the hair, when caused by the fre-

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\* *Aconite* is still better.—*Hempel*.

quent congestions of the head, is best met by a few doses of *Lycopodium*. The *tincture of Sulphur*, *Natrum mur.*, *Carb. veg.* and *Sepia* are likewise useful; also *Calc. carb.*, when the menses were habitually profuse. Spurred mair is perhaps better than any of the preceding remedies.

Prolapsus of the vagina or uterus is a very troublesome affection. Mechanical supporters and a horizontal position with elevated position of the head are indispensable to a cure. For prolapsus of the vagina the best remedies are: *Arnica*, *Mercur.*, *Nux vom*; for prolapsus of the uterus: *Sepia*, *Bellad.*, *Aurum*, *Nux vom.*, *Calc. carb.*

Sterility is frequently an attendant of prolapsus. I do not mean the sterility which is necessarily induced by malformation and disorganization of the sexual parts; I allude to those forms of sterility that yield to homœopathic treatment.

Married females frequently do not conceive for years after their marriage. If this should be owing to a difference of temperament between husband and wife, to a dislike to the husband, and so forth, medicine cannot do any thing. There are causes, however, which can be removed by medicine. Fluor albus, for instance, is a frequent cause of sterility, and is often owing to onanism. This can be cured. Excessive sexual excitement is another cause, which yields to *Platina*, or *Phosphorus*. *Conium* helps, if the condition should depend upon suppression of the menses. *Mercurius* should be given if the want of conception arise from excessive, or from too early and profuse menstruation; *Natrum mur.*, *Calc. carb.*, *Acid. sulph.*, and *Sulph.*, are likewise useful for this condition. *Graph.* and *Caut.* should be given for retarded, and *Ammon. carb.* for scanty menses.

When husband and wife are both well, and love each other, both the husband and the wife should take repeated doses of *Sabina*. *Cannabis* is as important a remedy as the former. As regards the potency, I must leave that to the physician. Formerly

I was in the habit of giving the tincture, but had frequently to interpolate *Merc. sol.* to remove troublesome secondary symptoms caused by the medicine.

The following medicines deserve consideration: *Ruta, Dulc., Agnus cast., Camphora, Cicut., Hyoscyam., Croc., Sepia, Natr. mur.*

§ 138. The uterus becomes more frequently carcinomatous than any other organ. The disease generally commences at the neck of the uterus and at the vaginal portion, and follows the vagina and the neck of the uterus. Cancer of the uterus is generally of the medullary kind, rarely fibrinous; frequently these two varieties are combined. In this case the cancerous ulcer forms with callous edges and spongy bottom, cauliflower-shaped fungous growths and progressive cancerous infiltration in the surrounding parts; the most frightful disorganization takes place in consequence of the ichorous transformation spreading more and more. In many cases the cavity of the uterus, the rectum and bladder, constitute one vast seat of destruction. *Canstatt* distinguishes two other conditions of the uterus, which differ in essence but are very similar in regard to symptoms and terminations.

The first is the cauliflower-shaped, or rather strawberry-shaped excrescence of the os-tincæ, seated on one of the lips, or proceeding from the whole circumference of the os-tincæ, and starting from a broad base. This excrescence is soft, has a granular, strawberry-shaped surface, or feels like the uterine surface of a placenta; it is of a bright flesh-colour, is frequently only of the size of a hazelnut, but may spread over the whole vagina and even involve the external parts.

The second is the so-called phagædenic uterine ulcer. It starts from the neck of the uterus; the ulcer is not preceded by a scirrhus condition of the parts, by a firm pseudo-plastic formation or infiltration of the parts; the uterus round the ulcer is either sound, or soft and yellow or red-brown. The destruction may extend to the walls of the uterus and vagina, to the rectum, bladder and peritoneum.

The incipient stage of cancer of the uterus is frequently mistaken for some form of menstrual irregularity, for leucorrhœa, or chronic metritis; the first symptoms are generally symptoms of menstrual derangement, cessation, or too frequent return of the menses; irregular discharges of blood in the place of the catamenia, fluor albus. The menses re-appear suddenly after their cessation at the critical age, and increase to hæmorrhage. At first the patient complains of a sensation of heaviness, drawing in the pelvis, pressing towards the sexual parts, or the pains are excited by exercise, concussion, embrace, touch. Upon examination, the vaginal portion is found to be harder than in the normal condition, of irregular consistence, swollen, misshaped, knotty, bumpy, sensitive to pressure, and readily bleeding; the lips of the os-tincæ are interstitially distended, indented, cocked up; the os-tincæ is more open than usual. In the course of the disease, the pains, particularly at night, become excessively violent, pressing, stitching, shooting, burning, not only in the pelvis, but along the loins, hips, down the thighs; they are either continuous or paroxysmal, and are frequently considered of a neuralgic nature. A characteristic pain is the more or less violent burning and stitching-boring over the pubic bones and in the small of the back, along the hips and thighs, impeding walking and even sitting; swelling and tension of the inguinal glands; frequently there is a continuous burning pain deep in the pelvis, accompanied with shooting pains in the uterus. From the sexual organs a pungent, discoloured or claret-coloured, brown-reddish, acrid ichor is discharged, causing an itching and pain in the external organs, excoriating the skin and poisoning the atmosphere of the sick-room. Copious discharges of blood, containing coagulated and fibrinous substances, occur very frequently, exhausting the patient more and more. The cancer by this time has changed to an open, irregular ulcer, which is easily recognised by the touch of the finger. The neck of the uterus feels rugged,

and is studded with the above-mentioned, soft, readily-bleeding excrescences, which are narrow at their base as if a ligature had been passed around them, and fill up the whole vagina, the walls of which are indurated or disorganized, and feel to the finger like a hard contracted ring.

The symptoms of the cancerous dyscrasia become more and more apparent; face and skin become pale, straw-coloured; the features exhibit an expression of deep suffering; the digestive functions are impaired; sleep disappears, the patient becomes emaciated, and hectic fever supervenes. The disease occurs principally between the ages of 40 and 50.

The prognosis is very unfavourable.

§ 139. *Treatment*: When the disease is fully developed, all that can be done for the patient is, to palliate her sufferings. In the incipient stage the disease is curable. The uterus feels like a hard body close above the pubic bones, giving rise to the belief that it is impregnated. Pregnancy is really possible in this stage, and frequently takes place. It is still more certain when the breasts swell. The real character of this condition can be ascertained by a careful external and internal examination. It is characterized by the following symptoms: Pressing and fulness in the inner parts, rendering it difficult for the patient to stand, and being accompanied with pain in the sacral region. *Belladonna* should be given for this condition, particularly when a sanguineous ichor is discharged from the uterus, either continuously or in paroxysms; and *Platina* when spasmodic, or pressing, colicky pains in the uterus are present, followed by a discharge of thick, viscous, venous blood, especially if the female had been suffering with profuse menstruation. We know that *Platina* cures induration of the uterus with spasm and stinging. A few doses of *Nux vom.* should be interpolated now and then, if the patient suffer with constipation, nervousness, and a long-lasting, though regularly-occurring discharge of acrid blood, with a burning,



smarting and itching in the sexual parts. The debility which sometimes supervenes in consequence of the pain and discharge of blood, is best met by a few magnetic passes and repeated doses of *China*.

*Arsenicum album* is indicated by the following symptoms: Burning sensation in the internal sexual parts and abdomen, exacerbation of the pains towards midnight, excessive anguish in the chest, allowing the patient no rest, unquenchable thirst, induration of the uterus, continual discharge of an acrid, excoriating mucus from the genital organs. *Cocculus* should be given if, instead of the above-mentioned pains, spasmodic contractions take place close above and behind the pubic bones, attended with discharge of a serous fluid. *Chamomilla* corresponds to labour-like contractive pains, accompanied with discharge of a coagulated, dark blood.

The above mentioned remedies, including *Bryonia*, *Ignat.*, etc., are for the lighter cases, or the incipient stages of cancer, except *Arsenic*, which corresponds to the more advanced stages of the disease. The principal remedies for these stages are:

*Kreasotum*, which corresponds to the following symptoms: Stitches in the vagina as if proceeding from the abdomen, causing the patient to start as if in affright; voluptuous itching deep in the vagina, with burning and swelling of the internal and external labia; hard tubercles on the neck of the uterus; pain during an embrace as if from ulceration; the menses set in 8 or 10 days before their time, continue for 8 days, a dark blood being discharged, sometimes in lumps, attended with pains in the back and succeeded by the discharge of a pungent, bloody ichor, with corrosive itching and smarting of the parts; the menses intermit for hours and days, after which they re-appear in a more fluid form, accompanied with violent colic; the pressing downwards continues after the menses, particularly in the groins, accompanied with violent abdominal spasms; metrorrhagia is present, sometimes even a continuous, corrosive

leucorrhœa; the pains exacerbate during the night, there are fainting turns on rising in the morning, slight chills during the menstrual discharge, lowness of spirits, livid complexion, etc.

Next to *Kreasotum* I mention *Iodium*, which is indicated by the following symptoms: Induration of the lower segment of the uterus; cancerous destruction of the neck of the uterus; profuse, long-lasting metrorrhagia coming on even at every stool, accompanied with cutting in the abdomen, pains in the small of the back and loins; emaciation, shrinking of the breasts, brown-yellow complexion, languor, disposition to fainting turns, and spasms.

With *Thuja* I have cured indurations and rhagades of the neck of the uterus and the os-tincæ, and have effected a shrinking of the cauliflower-shaped, readily bleeding excrescences with a sharp and pungent smell. In my opinion, *Thuja* corresponds to dry, wart-shaped excrescences with severe stinging pain and burning in these excrescences during micturition.

*Dr. Wahle*, of Rome, Italy, prescribed *Graphites* for the following symptoms: The vagina is hot and painful; swelling of the lymphatic vessels and mucous glands, some of which were of the size of a filbert; the neck of the uterus is hard and swollen; on the left side of the neck there are three large tubercles of various sizes, consisting each of several smaller ones, which threatened to change to a bleeding excrescence; these tubercles were painful; on rising she feels a great weight deep in the abdomen, with increase of pain, debility and tremor of the lower extremities; at the period of the menses, which occur every six weeks, she suffers most, shortly before and during the menses; the blood is black, lumpy, has a strong smell; she complains of a heavy load in the abdomen, with violent lancinations in the uterus, extending down the thighs like an electric current; the pains are burning and lancinating; frequent violent lancinations in the uterus extending down the thighs; little appetite; stool every two to four days, attended

with much straining ; livid complexion, frequent chilliness without subsequent heat and sweat ; the patient is sad, anxious, sometimes desperate ; pulse frequent and rather hard.

*Secale cornutum* is more indicated for putrescence of the uterus than carcinoma ; however, it should not be discarded entirely as a remedy for cancer.

*Sabina* may be tried for the heavy weight, the labour-like contractive pain in the uterus and lumbar vertebræ, copious discharge of coagulated, lumpy blood, particularly during exercise, the os-tinæ being always open.

*Mercurius* and *Staphysagria* are suitable intermediate remedies for pains in the pelvic bones and femora, which are sometimes found distended ; these remedies are particularly indicated when the disease is complicated with symptoms of mercurial poisoning, or syphilis. In this case *Acidum nitri* may be tried, particularly when the patient complains of pressure in the abdomen and pain in the small of the back ; spasmodic pains as if the abdomen would burst, driving the patient from place to place ; pressing even as low down as the vagina as if everything would come out by these parts, attended with pain in the small of the back, and drawing in the hips down the thighs ; excessive debility, with inability to talk, and obliging the patient to lie down.

*Carbo veg.* is excellent for an intolerable, burning pain deep in the pelvis, setting in at regular periods in the day-time, increasing gradually and then decreasing again ; 2 or 3 doses were sufficient to remove it.

*Kali carb.* may prove useful in this disease, when an acrid, badly-smelling, altered menstrual blood is discharged, with chilliness and spasmodic pains in the abdomen.

*Conium*, which is distinguished by its action on female glandular organs, is an indispensable remedy in carcinoma of the uterus ; *Sulphur* likewise.

§ 140. *Scirrhus and cancer of the mammae.*

This disease frequently arises from the little lumps which are sometimes discovered in the breasts even at an early age. If these lumps are not attended to in time, they frequently swell up and become painful at the critical age.

The usual origin and development of cancer is as follows: A hard tumour is discovered in the breast, coming on either spontaneously, or in consequence of pressure, shock, etc. At first this tumour is round and moveable; on getting larger, it becomes rugged and uneven; a second and third tumour make their appearance, all of which appear to be united by cords of indurated cellular tissue. In proportion as these tumours enlarge, they combine into one, involving the glandular tissue and spreading to the axilla. Lancinating pains are felt now and then, extending to the shoulder and arm, and not aggravated by pressure. The skin, if invaded by the tumour, assumes a streaked, cicatrized appearance; the follicular glands are frequently filled with a black substance. The skin and tumour grow together; at one spot the tumour becomes raised, inflamed, decreases again, the veins swell, and the nipple retreats, forming a cavity. Finally the skin breaks, giving rise to a spreading ulcer with hard, dark-red, shining edges, a dead, unclean bottom; the discharge is neither very copious nor badly-smelling. The ulcer looks rather like a deep fissure without any excrescences. The axillary glands, the glands in the clavicular region, the cervical glands, etc. begin to swell, provided the swelling had not taken place previously. At this period, when the tumours are seated, immovable and hard as stone, the patients complain of a troublesome feeling of heaviness, with almost constant stinging, boring, shooting, lancinating pains, the lancinations proceeding from the shoulder; also of rheumatic pains in various parts, particularly in the loins and thighs. The reproductive process suffers a good deal; the face assumes a livid appearance, the arm on the affected side swells up and has to be left

hanging close to the body; until the excruciating pains and the supervening colliquations finally bring on death.

Beside these phenomena, there is a variety of conditions occurring during the course of carcinoma of the mammæ. Sometimes the scirrhus is a long time without causing any distress; sometimes, however, it develops itself quite suddenly, attended with symptoms of constitutional suffering. The termination in ulceration is frequently caused by external violence, or by the suppression of the menses. In some cases the cancerous ulcer is not very painful; generally, however, it is. The more acute the pains, the more rapid their course. In this respect we might distinguish an acute and chronic cancer of the mammæ. The former commences in the shape of a hard, deep-seated tumour in the breast, which is moveable at first, and adheres to the skin in a month or two; the skin then becomes discoloured. The whole mamma gradually becomes hard; some part of it is raised after some time, looks purple-red, has an elastic feel as if a fluid were contained in the raised portion, and violent shooting pains are experienced in this portion as in a panaritium. The enlargement of the mammæ does not take place uniformly, but single tumours are forming here and there; the cutaneous glands seem to become enlarged, the surface being studded with small, white points, which become more distinct in proportion as the swelling increases. At the most elevated portion of the mammæ a discharge takes place, but no supuration; from this moment forward the scirrhus grows rapidly in size, it becomes redder and the pains increase; the countenance exhibits an expression of pain and anxiety, the skin has a pale-yellow appearance; the patient feels debilitated and desponding. The larger tumours turn black, break, discharge a little blood and afterwards serum. A considerable portion of the surface of the mamma falls off unexpectedly, exhibiting a deep, irregular ulcer, filled with black, dead plugs; the edges of the ulcer are raised and

studded with tubercles which break and discharge, forming unclean ulcers that occasion an incessant spreading of the cancer. The chronic scirrhus is dry and hard as cartilage, and shrinks after having attained a certain degree of development; the contraction and shrivelling of the skin cause various indentations in the tumour, concealing the retreating nipple entirely. This kind of scirrhus is more particularly seen in thin old females with a dry, rigid constitution. The pains are not very great, and the scirrhus may continue for years without increasing.

There are many swellings in the breasts which resemble scirrhus, without being so. These are, 1st, inflammatory affection and painful swelling of the lymphatic vessels, or of the mammæ itself; 2d, milky tumours; 3d, scrofulous swellings; 4th, herpetic and psoric affections, particularly round the nipple; 5th, steatomata; 6th, encysted tumours; 7th, fungus medullaris; 8th, bloody tumour; 9th, hypertrophy (*Che- lins' Manual of Surgery*, vol. II.)

§ 141. This scirrhus condition of the mamma is sometimes curable; cancer probably never, scarcely even in the incipient stage. Nevertheless, we ought always to try to relieve the patient as much as possible, and though curative agents are as yet wanting for this disease, yet they may be discovered by later inquirers.

The painful lumps in the breasts of young girls, which come on without any particular cause, yield to a number of remedies. *Chamomilla* corresponds to drawing, rheumatic pains in the indurated mammary swellings; these are painfully affected by the open air, and get worse at night; or to erysipelatous redness of the indurated mammæ, with drawing tearing and pain to contact. *Arnica* corresponds to the same group of symptoms when there is no night-exacerbation. *Belladonna* is useful when the indurated mammary glands are inflamed, with burning stinging which is aggravated by the least contact and motion. *Arsenic* is indicated by a burning pain, with tearing,

decreasing during motion, aggravated by external warmth, and rendering it impossible for the patient to lie on the affected side. *Bryonia* is suitable for a tensive, burning and tearing pain, aggravated by contact and by moving the arm of the affected side. *Clematis* is excellent for indurated mammary glands which are painful only when touched; it is likewise useful in open cancer, with burning throbbing in the ulcer, and stinging pain in the edges when touching them. *Cicuta vir.* has soreness as if from a blow or shock, but this symptom is no indication for *Cicuta* except when it occurs in other parts of the body. *Pulsatilla* should not be forgotten in the treatment of lumps occurring in the breasts of young girls. Among the mercurial preparations, the *Corrosive sublimate* is the best; these preparations have mostly only a palliative effect. If the lumps are caused by mechanical injury, *Arnica* should be used externally and internally, provided the medicine is applied immediately. If shooting pains should already have been felt in the induration, *Conium* should be exhibited. Though this medicine is not quite useless in cancer, yet it acts better in the stage of induration, when the hardened gland becomes inflamed by every little cold, and when the burning-stinging pains are very severe, particularly at night, rousing the patient from sleep.

Beside *Conium*, we have frequently to employ *Bellad.* *Arsen.* and *Clematis*; and more especially

*Kreasotum*, which I found useful in a case characterized by the following symptoms: The whole breast was hard, looked blue-red, was rugged; some of the eminences were covered by a scurf; one of these scurfs, near the nipple, was of a large size, and fell off frequently, leaving an opening from which a quantity of thick, dark blood was discharged, after which discharge the patient generally fainted away. *Kreasotum* seemed to, arrest the hæmorrhage for a long time, but it was impossible to remove the disorganization in spite of *Acid nit.*, *Thuja*, *Conium*, *Hep.*; the patient finally died of hæmorrhage. Nevertheless, I

am convinced that *Kreasotum* is a great remedy for carc noma of the mammæ; but it has to be employed much sooner than I had an opportunity of doing.

*Carbo anim.* and *veget.* are very useful in scirrhus indurations of the mammæ, but only in the 12th, 15th or 18th, etc. potencies; *Carbo anim.* is very useful in hard, painful tumours in the breasts; though I prefer *Carbo veg.* when the pains are burning, the patient complains of anxiety, want of breath, lowness of spirits, which frequently increases to a whining despondency.

*Phosphorus* may prove suitable to patients with flat chests, tuberculous disposition, great sensitiveness to cool weather; increase of pain, pain in the nape of the neck, stiffness of the arms at every change of the weather, etc.

*Lachesis* seems to be suitable for the same symptoms as *Kreasotum*. Bleeding from wounds, and particularly from cancerous ulcers, seems to be a prominent symptom of *Lachesis*; the blood is black and discoloured, the bottom of the ulcer is blueish, dark-red, like streaks of black, coagulated blood on the bottom.

In one case I gave *Ferrum acet.* in alternation with *Arsenicum*. The patient was a female from the country, and had frequently had glandular swellings cut out. After the last operation a number of swellings made their appearance under the arm. I gave the patient *Sulphur*, then *Ferr.*, *Arsen.*, *Graphit.*, *Kreasot.*; the disease is now stationary, except a few small swellings which have disappeared.

*Graphites* seems to be indicated in cancer of the mammæ. Its powerful action on the female organs of generation and on glandular organs is well known.

Among the pathogenetic effects of *Hepar sulph.* we find "cancerous ulcers in the mammæ, with stinging burning of the edges, and smell like that of old cheese." The curative action of *Hepar* in inflammation and suppuration of glands is well known.

If the disease seemed to be complicated with psora,



I always gave first a few doses of *Psorin*, and then *Sulphur*, which has a particular relation to cancerous affections of the mammæ. Beside the above-mentioned medicines, the following deserve consideration: *Lycop.*, *Aur. mur.*, *Baryt. mur.*, *Nitri ac.*, *Silic.*, *Sepia*, *Colocynth.*, etc.

A cure is impossible in every case where the knife had been used. The disease spreads with frightful rapidity after such an operation, invading even the ovaries. No scirrhus or cancer has ever been cured by an operation, and where such a cure is said to have been effected, the operator mistook a simple glandular swelling for a scirrhus induration.

#### FIFTEENTH CLASS.

##### § 142. *Hydrops. Dropsy.*

Though it has been shown by modern pathologists that dropsy is a mere symptom of a more general and more deep-seated disease, yet it seemed to me necessary to devote a special chapter to this morbid condition, lest my work should be deemed defective by those who value names more than ideas. After all, it matters little whether we adhere to this or that name or system, provided we *cure* the patient in the safest, shortest and cheapest manner. This is the physician's duty, and he who fulfils that duty well, is the really great practitioner.

*General remarks on dropsy.* Physiological character. The dropsical process takes place in the cellular tissue, in serous membranes, and in membranes analogous to the former, such as the internal membrane of the uterus. Every dropsy is either accompanied with a local affection, or else alterations in the blood take place, the specific weight of the blood decreases in proportion as the disease increases; the quantity of serum increases; the albumen, fibrine and cruorine diminish. The blood is less capable of coagulating, and inclines to a state of dissolution. The tempera-

ture of the surface of the affected organs decreases. The skin becomes pale, livid, assumes a cachectic appearance. The newly-formed morbid product consists of a quantity of water, mixed with albumen and a small quantity of osmazone and salts.

Alterations in the other secretions take place : the skin becomes drier, the urine less ; in some cases it is mixed with large quantities of albumen ; in others, as in hydrothorax, being a sequel to scarlatina, it is mixed with cruorine ; in hydrothorax depending upon degeneration of the spleen and liver, the urine contains a large quantity of urea and uric acid, rosic acid and purpurate. There are likewise symptoms arising from the pressure of the water upon organs ; in hydrothorax the breathing is impeded ; in hydrops of the pericardium the motion of the heart is impeded, and in ascites the digestive organs are deranged.

*Anatomical character :* A post-mortem examination reveals the following symptoms : The organ is filled with the morbid product ; the water is either clear, or turbid, milky, purulent ; at times it contains filamentous concretions, at others, animal organizations, hydatids, etc. The serous membranes are altered ; in inflammatory dropsy they are thickened, in torpid dropsy thin ; they lose their transparency ; they exhibit extensive ramifications of vessels, which are never seen in healthy serous membranes. The veins, particularly those of the affected organs, are filled with blood. Fat has disappeared, its place is supplied by water. The disappearance of the fat takes place from the periphery to the centre, and lasts longest in the centre, as may be seen in the cellular tissue of the abdomen, where a nucleus of fat, surrounded by water, is discovered in the middle of every cell. Gradually the organs become soft, they lose their turgescence, as is most distinctly perceived in the muscles. The surrenal glands are always found altered ; they enlarge and return to the condition in which they were during foetal life. The lymphatic vessels are either unaltered, or else the alterations are

inconsiderable; the veins alone exhibit perceptible alterations.

The general organism is not always perceptibly affected in the incipient stage of dropsy. Sometimes a fever supervenes, particularly when the disease arises from acute rheumatism, or from some mismanaged exanthematous disease. A fever is likewise apt to set in in young patients. Sometimes the fever is a synocha, as in dropsy after scarlatina; it soon, however, assumes a torpid form. This fever is to be distinguished from the one that occurs in the course of the disease, and is the precursor of death; in this fever the pulse becomes small, quick, wiry, empty; the tongue dry, the patients become delirious or comatose, stupid. In some cases the nervous system is involved; in hydrothorax, for instance, and in œdema of the lungs, violent paroxysms of asthma set in; in ascites the patient is attacked with violent colicky pains, which disappear as the ascites increases (*Schænelein*).

#### § 143. *Etiology.*

In children acute hydrocephalus, ascites, anasarca are frequent; adults are less liable to dropsy, or perhaps only to dropsy of the genital organs at the termination of the age of pubescence; dropsy is most frequent during the period of decline. Men are more subject to hydrothorax, women to ascites; hydrocephalus of old people is more frequent among men than women.

*External causes:* Sudden change from warm to cold weather, or vice versa; frequent and constant fogs. *Mediate causes:* Exhaustion during convalescence from some acute disease in consequence of treatment; this cause can only take place under allœopathic, never under homœopathic treatment; after great loss of blood, scarlatina, arthritis, organic defects of the heart, spleen and liver.

*Terminations:* *Recovery*, preceded by critical states which sometimes last for weeks, particularly in the skin and urine; in hydrothorax the crisis sometimes

consists in an increased expectoration of mucus, and in ascites in watery diarrhœa. In many cases the water is discharged externally in a natural way, as in hydrometra, dropsy of the ovary; or else the discharge takes place, but much more rarely, by some artificial passage, as in ascites by the umbilicus, in anasarca by the cracked skin.—*Partial recovery*, the crisis being incomplete and continuing only up to a certain point; the affection remains stationary, neither advances nor retrogrades, and gradually occasions degenerations of the affected organ.—*Death*.

*Prognosis*: Not too favourable. It depends upon the presence or absence of fever. Acute dropsy is more easily cured than dropsy without fever; torpid dropsies are very unfavourable. The danger increases in proportion to the importance of the affected organ. The more limited the disease, the greater the chance of a cure; the more extensive the disease, the lesser the chance. The greater the derangement in the adjoining organs, the greater the danger. The prognosis depends likewise upon the cause of the disease: Dropsy arising from excessive loss of blood, or from general debility, is less dangerous than dropsy arising from other diseases, or from some disorganization. Gangrenous erysipelas in œdematous parts is particularly unfavourable. The older and feebler the patient, the more unfavourable the prognosis. The prognosis depends likewise upon the extent to which the secretions are suppressed, or deranged.

§ 144. *Treatment*. The remedies which we possess for dropsy, are not very many, but will undoubtedly be increased in number. In the treatment of dropsy it is of the utmost importance to keep two things in view: first, to eradicate the disease, and secondly, to relieve the distress of the patient by every means in our power, while the radical treatment is going on, even should we expose ourselves to the accusation of resorting to allœopathic means. If we should not at once succeed in arresting and gradually removing the

disease, we are bound to remove the morbid product by whatever means we possess, and, in the mean while, to continue the treatment until we shall finally succeed in controlling the disease and doing away with the necessity of resorting to further palliation. Those who undertake to treat this disease in the strictly Hahnemannian fashion,\* will find themselves sadly disappointed.

The first thing which is to be done in the treatment of dropsy is, to regulate the general mode of life of the patient. Dropsical patients prefer a warm, dry, pure air. Damp and cold weather does not suit them; they frequently die when the bad season sets in. If the air should be damp, vessels containing sulphuric acid should be placed in the room, in order to remove the aqueous particles from the air. A change of locality is an excellent remedy. Travelling is much more advantageous to dropsical than phthisicky patients, particularly where the disease arose from some abdominal affection and is related to a formerly existing intermittent fever. This kind of dropsy never gets well in marshy valleys, and a cure is frequently effected by simply transferring the patient into a light, dry, pure mountain-air. In acute dropsy the same diet should be used as in any other acute disease. In chronic dropsy the patient should use light but nourishing food, not too much at a time, but rather more frequently. This remark applies particularly to ascites, where the greatest attention should be paid to the digestive organs, and particular reference should always be had to the condition of the liver. Dropsical patients are frequently tormented by an unquenchable thirst. They may drink as much as they please, provided the beverage they use does not injure the medicine. Fresh water is an excellent drink; milk, curd, butter-milk are likewise to be recommended. Diure-

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\* Or rather in what the narrow-minded dogmatists of our school pretend to be the Hahnemannian fashion.—*Hempel*.

tic beverages, decoctions of wild-briar, parsley, asparagus, radish, cucumber, etc., are admissible.

The following medicines are specifically related to dropsy: *Arsenicum*; this agent affects the mucous membranes; it has dropsical symptoms, and removes bad effects from abuse of China, or from exposure to damp and cold weather. The *skin-symptoms* of Arsenic are: anasarca, swelling of the face and body; swelling of the right side of the body down to the hips, with swelling of the left thigh; swelling of the face and feet; distention of the abdomen. *Symptoms during sleep*: moaning, restless tossing about, inability to get warm, with internal heat and anxiety; starting. *Fever*: general coldness with parchment-like dryness of the skin of the affected parts, yellow, livid complexion. Arsenic is particularly adapted to ascites, hydrothorax, anasarca, hydrometra, hydrops ovarii.

*Dulcamara* is useful in affections of the mucous membranes, swellings remaining after measles; anasarca after scarlatina, or for anasarca as a mere symptom of epidemic scarlatina; dropsy caused by a cold. It is an excellent remedy in acute dropsy.

*Helleborus niger* is recommended for sudden dropsical swellings of the body; for anasarca consequent upon suppressed exanthems, such as scarlatina, measles, purple-rash, with sensation in the swollen parts as if too heavy, and as if they would be pressed asunder; for acute and chronic hydrocephalus, ascites.

*China*: This is an excellent remedy for dropsies arising from exhausting diseases, excessive loss of blood, frequent depletions, profuse sweats, seminal emissions, too frequent embraces, onanism, fatiguing watching, etc. It is likewise an excellent remedy for dropsies arising from derangements of the portal system, affections of the heart, disorganizations of the liver and spleen.

*Colchicum* is said to be excellent in œdematous swellings and anasarca from suppressed perspiration, as frequently takes place in damp, cold, foggy weather, or in consequence of getting wet through to

the skin. *Rhus tox.* is likewise indicated by this condition; I have always used it with success in dropsy after scarlatina, when the disease was occasioned by the above-mentioned causes.

*Bryonia* has frequently been found useful in ascites, also in dropsical swellings of the scrotum.

According to Dr. Wahle, *Zincum met.* is an excellent remedy for dropsical affections when the patients complain of distress or uneasiness in the renal region. He likewise cured a case of dropsy of one year's standing with *Aurum muriat.* 6, but does not recollect the particulars of the case, except that a fine clear urine was secreted after the use of Aurum, whereas the *Ononis spinosa* was followed by the secretion of a turbid urine with strong ammoniacal odour.

*Kali carb.* is an indispensable remedy for anasarca and ascites occasioned by suppression of the menses.

*Digitalis* and *Squilla* are mere palliatives in dropsy. To obtain the palliative effect of these remedies, *Digitalis* has to be given in the shape of an infusion, and *Squills* as a powder, or as *oxymel squilliticum*; also in pills. These medicines have to be given in sufficiently large doses to effect a copious discharge of urine; otherwise they are of no use. This palliative action is sometimes very useful, and affords great relief.

*Cantharides* corresponds to dropsy occasioned by a tonic-spasmodic condition of the urinary organs, with strangury and tenesmus of the neck of the bladder, sometimes attended with pain in the limbs and chronic catarrh.

Beside the above-named remedies, the following may yet be mentioned: *Amm. carb.*, *Natr. mur.*, *Lact. virosa*, *Prun. spin.*, *Solan. nigr.*, *Cannab.*; *Convolv. arvensis*, *Urtica dioica*, *Lamium alb.*, *Ballota lanata*, *Asparagus*, etc.

§ 145. *Dropsy of the respiratory organs. Hydrothorax.*

By hydrothorax we mean accumulations of fluid in the chest, in the widest sense of the word. Empyema is, properly speaking, a form of hydrothorax. In this treatise I understand by hydrothorax an accumulation of serous fluid in one or both pleural cavities. Hydrothorax, like all other forms of dropsy, is a secondary disease.

In their incipient stage, the phenomena of hydrothorax are very uncertain, and are mixed up with the symptoms of the affection of the lungs, heart, and other inflammatory diseases which give rise to hydrothorax. At first the patients complain of a transitory oppression of the chest, which is generally felt only after considerable exercise, on ascending an eminence, or after long talking; or a difficulty of breathing sets in every evening, the patients start suddenly from their first sleep, with a sensation of pressure on the chest as if from dyspnœa. This condition frequently continues for weeks and months; sometimes it passes off again with expectoration and profuse sweat, particularly during the warm season, until the distress becomes permanent. The dyspnœa keeps increasing, the patients cannot bear the horizontal position, they have to sit up in bed; finally, they are even unable to sit in bed; they have to sit in bed with their legs hanging outside, or else they have to sit up out of bed altogether. On waking, the heart sometimes beats violently; the patients have to rise as fast as possible lest they should suffocate; they gasp anxiously for air; the extremities become cold, the lips blue, the forehead is covered with a cold sweat; the pulse becomes small, irregular, intermittent, tremulous; the dyspnœa frequently lasts the whole night, or else the asthmatic oppression comes on again every time the patient goes to sleep. After such a paroxysm, the patient falls into a state of half sopor and insensibility. Cough supervenes, at first dry and accompanied with a violent irritation in the chest; it comes on at regu-



lar periods; afterwards the cough becomes moist, and large quantities of tenacious, purulent, and frequently putrid mucus are discharged.

Upon examining the chest, we find that one side is swelled up when the effusion has taken place in one pleural sac only; whereas the ribs of both sides are pressed outwards when there is an effusion in both pleural cavities. Percussion yields a faint, dull sound in the parts which contain the fluid. Where the percussion-sound is faint, the respiratory murmur disappears; when a large quantity of water is present, bronchial respiration is sometimes heard. The vibrations of the thorax, when talking, are either feeble or entirely absent. It is important to know that the diaphragm, liver and spleen, are sometimes crowded downwards, distending the hypochondria and occasioning a condition resembling ascites.

Symptoms of general dropsy finally set in, œdema of the lower extremities, either of one or both, spreading rapidly from the ankles to the genitals. The skin is dry, cold, particularly on the extremities; the urine is scanty, rather thick, dark-red, leaving a copious sediment; the bowels are costive, thirst unquenchable, and fauces dry; towards the end of the disease ascites sets in.

§ 146. *Etiology*: Advanced age; individuality; weak lungs in consequence of frequently-recurring, chronic catarrhs; pneumonia; individuals with a spongy, cachectic constitution, disposed to become fat; individuals that fatigue their lungs a good deal, for instance, musicians. Malformations of the thorax, curvatures of the vertebral column, with consequent deformities of the ribs and sternum; arthritis; affection of the portal system. The disease occurs more frequently in men than women.

*Causæ occasionales*: Organic diseases of the lungs, ribs, pleura, large vessels, dilatation of the aorta, ossification of the arch of the aorta; tuberculous and steatomatous deposits on the pleura. The disease occurs very frequently in the first stage of tuberculous

phthisis.—Exhaustion of the vital forces by excessive exertions.—Abuse of spirits, particularly brandy.—Exhaustion of the nervous life of the lungs.—Development of some other disease terminating in hydrothorax.—Metastasis of gout, suppression of ulcers on the feet.

*Prognosis* : Acute hydrothorax, or hydrothorax from metastasis, is probably more easily cured than hydrothorax arising from disorganizations, affections of the heart, obliterations of veins ; this latter variety, however, is not entirely incurable.—Old people have less chance than young ones.—The less urine is emitted, the drier the skin, bronchial tubes, intestines, the less favourable the prognosis ; if the contrary state exist, the prognosis is more favourable.—Unfavourable symptoms are : disappearance of the external œdema with increase of the dyspnœa, torpor and swelling, dingy-yellow colour of the skin, high degree of emaciation and prostration, constant restlessness and suffocative anguish, not allowing the patient a moment's rest in bed, soporous condition, rattling breathing, sanguineous expectoration.—Many of these morbid conditions, frightful as they may seem, have frequently been cured by homœopathic agents, without artificially exciting the action of the skin, kidneys, intestinal canal, or mucous membranes.

§ 147. One of the principal remedies for this disease is *Arsenicum album* ; it corresponds to the following symptoms : the constantly existing asthmatic symptoms are aggravated by the least motion, particularly by ascending an eminence. Upon getting into bed, were it ever so cautiously, the patient's breath gives out ; this is likewise the case on turning in bed to the other side ; this sudden loss of breath brings on dyspnœa and an agonizing, torturing feeling of suffocation, accompanied with palpitation of the heart, which is not visible to others, but is felt by the patient. The patient is completely prostrate, is constantly panting for drink, and wants to have his lips and inner mouth constantly moistened. Arsenic is therefore

characteristically indicated by the nocturnal suffocative fits occurring in hydrothorax. *Ignatia* and *Pulsatilla* may be of use in some cases. *Ipecacuanha*, in repeated doses, corresponds to spasmodic dyspnoea without exhaustion and without depending upon motion; it is continual, and recurs paroxysmally without any apparent cause. *Squilla* has been given with success in hydrothorax accompanied with constant cough, mucous expectoration and dyspnoea. *Dulcamara* was always found useful when the hydrothoracic distress was aggravated upon the setting in of foggy, damp, rainy weather, and relieved again when the weather became dry and fair. I have used *Tart. emet.* empirically, being guided by the want of breath, which roused the patient from sleep early in the morning, obliging him to sit up in order to get breath; the patient was not relieved till cough with expectoration set in. *Colchicum* is excellent when the distress of breathing is so great in the evening that the patient is made frantic by it; this is attended with sudden prostration of strength; the anxious oppression on the chest is constant, but has paroxysms of violence, particularly in the evening. *Digitalis*, *Arsenic*, and in some cases perhaps *Spigelia*, are particularly useful in hydrothorax depending upon organic affections of the chest, contraction, obstruction or compression of the veins, affections of the arteries, heart and lungs, stenosis and insufficiency of the left ostium venosum, emphysema and bronchiectasia. *Stannum* deserves to be recommended, likewise *Helleborus*, *Senega*, *Bryonia* and *China*.

*Carbo veg.* is an indispensable remedy in hydrothorax when it is attended with rheumatic drawing and tearing in the chest, with constrictive sensation in the chest and impeded breathing, so that the patient can neither walk, lie, nor even sit; constant vascular orgasm, pulsations, palpitation of the heart, with excessive restlessness, anxiety, and unequal, intermittent pulse. *Carbo veg.* is likewise useful in hydrothorax arising from excessive loss of animal fluids, abuse of spirits and *China*.

*Lycopodium* is indicated by an internal feeling of fulness in the chest, constant oppression and anguish, which increases after supper; the supper is followed by considerable distention of the abdomen; there is pulsation and throbbing in the region of the heart, not synchronous with the beats of the heart.

*Kali carb.* deserves consideration in affections of the chest generally. In hydrothorax it corresponds to great lassitude in the evening, difficulty of ascending an eminence, weariness of the chest from talking. These symptoms increase as the disease progresses; the oppression gets worse, the sudden arrest of breathing rouses the patient from sleep, and palpitation of the heart with frequent intermission of the beats of the heart supervene.

*Lachesis* is said to relieve hydrothorax with cough and swelling of the feet. It may be found useful in hydrothorax attended with organic affection of the heart.

I have cured one case of hydrothorax with *Ammonium carb.*, giving one dose every four days.

#### § 148. *Œdema of the lungs. Dropsy of the lungs.*

P. Frank was the first to direct the attention of physicians to this disease, and to Laennec is due the merit of having established the diagnosis of the disease. Even in the incipient stage of the disease the dyspnœa which continues in every position of the body, and cannot be relieved by a change of position, is intense; there is no expectoration, or else a large quantity of pituitous, watery (frothy, albuminous) sputum is discharged; the lips, tongue and cheeks turn blue. Percussion yields a dull, faint sound, either at a circumscribed spot or over the whole surface of the lungs; this sound does not, as in hydrothorax, shift its locality according as the patient changes his position; it is perceived at the same place in every position of the body. The respiratory murmur is very indistinct, it is accompanied with a peculiar crepitating sound and a little mucous rattle. Where the large bronchial

tubes enter the lungs, a distinct bronchial rattle is perceived, being occasioned by the mucus with which the bronchial tubes are filled, and which induces frequent paroxysms of distressing cough.

I say nothing of etiology, terminations and prognosis. The medicines to be used for this condition, are the same as for hydrothorax. I should add, however, that *Phosphorus* is an excellent remedy for this affection, the symptoms of which resemble so closely hepatization of the lungs, a condition for which *Phosphorus* has been found so useful. The reader will please not forget *Cannabis*, *Scilla* and *Senega*.

§ 149. *Dropsy of the pericardium.*

This disease is generally combined with hydrothorax; it is seldom seen alone.

The patient complains of a feeling of pressure and weight in the lower part of the region of the heart; violent restlessness and anguish, which is frequently so violent that it induces vomiting, dulness of the head, stupor, and even delirium. The pit of the stomach swells up. If there be much water, the skin in the pit of the stomach forms a sac in the erect posture, which, when percussed, yields a watery sound. The patient cannot bear a low posture, least of any a recumbent posture; he is most easy when sitting erect or when lying on the left side. He complains of palpitation of the heart, though, upon examination, the beat of the heart is not felt, or else it is very dull and faint, resembling the sound which is heard on striking against a bladder filled with water; at the same time a dull, faint sound is heard over a large surface, sometimes even in the right chest; there is no respiratory murmur perceived in that region of the chest, as the lungs are crowded to one side by the accumulated fluid. The pulse is generally small, feeble, very frequent; it becomes intermittent when some of the valves are ossified; vibratory, when hypertrophy is present. These symptoms are accompanied with œdema of the ankles and lower extremities, which

spreads rapidly upwards, extending even to the back of the left hand, and being accompanied with a sensation of numbness, diminution of all the secretions, etc. (Schœnlein).

*Etiology* : The disease frequently makes its appearance among young girls suffering with suppression of the menses, the consequence of which is menstrual carditis, which rapidly terminates in dropsy. The disease is apt to set in as a sequel to acute articular rheumatism ; it may likewise occur in consequence of some organic disease of the heart, hypertrophy, ossification of the valves. It supervenes in hydrothorax. The prognosis is extremely unfavourable.

*Treatment* : The remedies are the same as for hydrothorax. The symptoms which occur at the commencement of the disease, seem to require *Belladonna*, which I have frequently given with excellent success, first every two hours, then morning and evening. After *Belladonna*, *Spigelia* required to be given. When the disease occurred during an attack of rheumatism, and the rheumatic affection was still fully present, I gave *Aconite* and *Colchicum* alternately every two hours, though I never succeeded in effecting a cure.

§ 150. *Ascites. Dropsy of the abdomen.*

The abdomen swells uniformly from below upwards. This swelling changes its locality according as the position of the patient's body varies. When standing, the swelling is seen below and in front ; in a recumbent posture it is perceived in the groin, directly above the crest of the ilium. There is fluctuation, which is perceived by the patient during a quick motion and also by those near him. In order to examine the patient, he should bend backwards with the abdomen pushed forward as much as possible, or he may kneel down leaning on his hands, in which position the water will press against the abdominal walls, and the percussion sound will reveal the presence of fluid. The following symptoms are

likewise present : Diminution of all the other secretions, of the skin, kidneys ; peculiar nature of the urine, which is generally scanty, saturated, deep-yellow or yellow-red, sometimes depositing a pretty copious sediment ; general dropsical swelling ; palpitations ; irregular, weak pulse ; general cachexia ; pale skin ; emaciation, hectic fever, jaundice. As the disease progresses, the digestive apparatus becomes deranged ; the patients complain of a sensation of fulness, pressure after eating, slow digestion ; the thirst is generally very great ; the bowels are confined. The pressure of the water against the diaphragm occasions dyspnœa even unto suffocation, which obliges the patient to sit erect, and renders a low horizontal position of the chest impossible.

In sacculated dropsy the swelling is at first uneven, the urine is less dark and scanty ; the swelling proceeds from one spot, and the distention of the abdomen is never uniform.

Schœnlein distinguishes the following varieties of dropsy : Acute and chronic inflammatory dropsy ; cold, torpid dropsy ; venous or periodical dropsy ; organic dropsy ; psoric or impetiginous dropsy.

*Causes* : Inflammatory ascites is frequently caused by metastasis, by suppression of acute or chronic cutaneous eruptions, cold drink. The most frequent cause of ascites is a mechanical obstruction of the venous system ; it is likewise caused by disorganization of the pancreas, spleen, peritoneum and its appendages, etc.

§ 151. *Treatment* : Before speaking of medicines I should state that slight diuretics, such as radishes, celery, horse-radish, parsley, asparagus, etc., are not as injurious in this disease as has been supposed ; their action on the bladder sometimes proves a pleasant palliation.

Beside the remedies which have been mentioned for dropsy in general, we have as a specific remedy for œdema of the abdomen and for ascites, *Helleborus niger*. Acute ascites sometimes yields to one dose of

this medicine. In obstinate cases several doses have to be given. After Hellebore, *China* is sometimes indicated, particularly when the disease can be traced to great losses of animal fluids, or when debility of single abdominal organs, disorganizations of the liver, spleen, pancreas, are present. *China* is more especially indicated by suppression of urine, oppression of breathing, and troublesome short cough, with expectoration. Paleness of the skin, coldness of the body, and a small, slow pulse, are always present in dropsy; however, they may be set down as particular indications for the above-mentioned remedies if the other symptoms correspond. A dingy, livid complexion points to *Ferrum acet.* or rather *metallicum*. It is likewise indicated by the emaciation and lassitude occurring in ascites, the nocturnal distress, the aggravation in a sitting posture, the scarcely perceptible pulse, pains in the stomach after eating, nausea, vomiting of the ingesta, constipation, etc. *Digitalis* may be administered for the palliative purposes above-mentioned. *Colchicum*, *Scilla*, and *Dulcam.*, and their particular indications have been mentioned above. *Mercurius sol.* is excellent when vast disorganizations of abdominal glandular organs are present, with occasional paroxysms of pain which lead to the suspicion that these organs have become inflamed, and are accompanied with an increased accumulation of water. After Mercury, a few doses of *Belladonna* or *Dulcamara* may be given, according as either remedy is indicated by the symptoms. *Bryonia* and *Pulsatilla* are not to be neglected in these cases, particularly when the moral symptoms correspond.

In two cases of anasarca I have seen fine effects from *Euphorbium Cyparissias*, and from *Solanum nigrum*. The patients, two robust farmers, took one drop of the tincture, after which the swelling decreased considerably. The men did not return, probably because they thought they would get entirely well without further medication. *Prunus spinosa*, and *Ledum*, are likewise useful in this disease. *Arsenic* is



excellent when emaciation and loss of appetite had set in long before the disease.

*Kali carb.*, *Conium*, *Sulph.*, *Iodium*, *Zincum met.*, *Lycop.*, and *Oleum Terebinth.*, are the principal antipsoric remedies for ascites, particularly among old people.

It is exceedingly difficult to furnish infallible indications for the respective remedies of ascites. The remarks I have offered must be sufficient to guide an intelligent physician to the perception of the primary morbid condition of which the dropsical swelling is a mere symptom.

§ 152. *Anasarca. Dropsy of the skin.*

Anasarca is a painless swelling of the cellular tissue under the skin, which is at first soft and doughy, and afterwards becomes shining and elastic; the skin over the swelling is more and less tense, generally cool, not red; a pit forms on pressing upon the swelling with the tip of the finger, and remains for some time after the pressure ceases. The swelling is most considerable on parts with loose cellular tissue, on the dorsum of the feet and hands, in the face, on the eyelids, prepuce, scrotum, penis, labia. Around the ankles the swelling is largest when the patient stands erect, and disappears again in a horizontal posture. The skin assumes a pale, even yellowish, transparent appearance, checkered by the bluish cutaneous veins. These swellings sometimes contrast strikingly with the emaciation of the face, neck, hands, chest, which parts are covered with a relaxed, livid, dry skin. The muscles become gradually relaxed, and the movements of the patient are more and more impeded. At last the distention of the tissues becomes painful; red spots are seen in the skin, which keep spreading and occasion inequalities; the skin looks livid, blackish, brownish; ecchymosis, phlyctænæ, or even gangrenous sloughs form on the surface.

The remedies for this disease, are: *Dulc.*, *Helleb.*, *Arsenic*, *Bellad.*, *China*, *Iod.*, *Sol. nigr.*, *Prun. spin.*, *Lycop.*, *Ledum*, *Sulphur*, etc.

*Œdema pudendorum* yielded in one case to *Helleb. nig.*; in other cases, *Bryon.*, *Arn.*, *Mercur.*, *China*, *Dulcam.*, *Colch.*, etc. may prove useful.

Hydrocele in men is frequently cured by *Mercur.*, *China*, *Digit.*; if caused by scrophulosis, the specific remedy is *Silicea*.

### § 153. *Hydrometra, dropsy of the uterus.*

Dropsy of the uterus can only be diagnosed with certainty when the distention of the uterus has reached a sufficient development. The patients have a leucophlegmatic, bloated appearance, the menses cease, and from this period dates the swelling of the abdomen. The swelling does not take place as uniformly as in pregnancy; it frequently proceeds very rapidly, attains a very high degree in a short time, and then stops. The swelling extends rather in breadth, the abdomen does not become pointed in front. The swelling has an elastic, uniform feel; it is equally hard all over, is not painful to pressure, does not change its locality with the position of the body. Fluctuation is more or less distinctly perceptible; the percussion-sound reveals the presence of fluid very faintly. An internal examination shows that the vagina is cold, the vaginal portion of the uterus is felt higher up in the vagina than usual, and is in most cases blotted out, the uterus is distended; fluctuation is distinctly perceptible, but no presentation of a foetus. This condition is accompanied with general dropsical symptoms, but in a moderate degree: œdema of the lower extremities, labia, cellular tissue, region of the pelvis; dry, brittle skin, cold extremities, small, weak, thready, empty pulse, diminished secretion of urine.

I have never treated a case of hydrometra; the remedies which I would recommend, are *Sepia*, *Secale corn.*, *Phosphor.*, *Sulphur*.

I choose this opportunity of mentioning a few more diseases of the female organs of generation.

*Prolapsus of the vagina.* In many cases one side

only of the vagina is prolapsed, hanging down in the shape of a pad or bag. If the anterior wall of the vagina should be prolapsed, there is frequently a difficulty of urinating; the emission of urine can only be accomplished in a horizontal posture; the patient complains of burning and stinging in the vagina, which is increased by contact. *Nux v.* relieves this distress in a few days; it removes likewise the burning distress which is sometimes experienced by pregnant females during an embrace, and is followed by long-lasting pressing downwards. In some cases *Merc.*, *Ferrum*, *Carbo veg.*, *Lycopod.*, are preferable to *Nux*.

*Prolapsus uteri.* Beside the mechanical means to be employed, we may try *Bellad.*, *Sepia*, *Nux*, *Aurum*, *Platina*.

*Pressing pains* in the internal sexual parts, with or without pain in the small of the back, rendering standing difficult and even painful, are most frequently relieved by *Belladonna*, *Plat.*, and *Sepia*; I have likewise employed *Sulphur*, *Crocus*, and *China*.

*Sore pains* in the vagina yield to *Rhus tox.*, *Mercur.*, *Thuja*, *Ferrum*, and *Ambra*.

Burning and itching pains of the sexual organs, both internal and external, are relieved by *Thuja*, *Mercur.*, *Canthar.*, *Staphysag.*, *Ambra*, *Rhus t.*, *Lycop.*, *Sepia*, *Silic.*, *Carbo veg.*, etc. These pains sometimes arise from the friction which the vagina undergoes during an embrace; in this case *Arnica* is the best remedy.

For *meteorism of the uterus* I gave in one case *Acid. phosph.*, which effected a copious discharge of wind, terminating in recovery; and in another case I gave *Lycop.* after the Phosphor. acid.

*Emphysematous swelling of the labia* yields to *Bryon.*, *Rhus t.*, *Ambra*, *Staphysag.*, *Arsen.*, and some other remedies.

#### § 154. *Dropsy of the ovaries.*

On one side of the abdomen, generally on the right, less frequently on the left side, where the horizontal

ramus of the pubic bone joins the crest of the ilium, a swelling forms, which at first occasions only a sensation of pressure and heaviness, and is indistinctly felt through the abdominal integuments, but afterwards becomes more distinct, and occasions an unequal distention of the abdomen. The swelling can be pushed to and fro; upon turning quickly from one side to another, the patients experience a sensation as if a globular, cold body were falling from one side to the other. An examination by the vagina shows that the uterus is pushed to the opposite side; it is always raised, and sometimes to such an extent that it can scarcely be reached with the finger. Fluctuation is perceived upon examination. Consensual symptoms: Sensation of numbness in the thigh of the affected side, frequently alternating with a drawing, tearing pain, ascension of the globus hystericus towards the stomach, nausea, vomiting, frequent urging to urinate with difficulty of urinating; constipation, flatulence, and the symptoms which are generally present in dropsy, but very slightly in this variety; great paleness of the face, after the disease had lasted for some time; small, quick pulse; dry skin, œdema of the ankles; sometimes the œdema is first perceived about the genital organs. The disease is most frequent after the critical age, in females who had borne many children, or who had indulged sexual intercourse to excess without conceiving. The prognosis is unfavourable; the disease sometimes lasts from six to eight years, and most frequently terminates in death.

*Treatment:* *Mercury* has been recommended by some physicians, but I have never seen any good effects from it. *Arsenic* seemed to have a good effect on the disease, with the intermediate remedies, *Cantharid.*, and *Prunus spinosa*; but a cure was not effected. In another case *Iodium* produced the best effect; but I am unable to say whether the disease was cured, as the patient left me, probably with the supposition that the remaining swelling would yield of itself.

*China*, *Acid. phosphor.*, *Sepia*, *Platina*, *Graphit.*, *Staphys.*, and several other remedies. would probably effect a cure if used in the very commencement of the disease.

## SIXTEENTH CLASS.

### HEMIPLEGIA (SEMI-PARALYSIS) OF THE HEART.

§ 155. *Lipothymia*, *Syncope*, *Animi deliquium*, *Asphyxia*; *Fainting*, *apparent death*.

Syncope consists in a diminution or temporary suspension of the action of the heart; hence the pulse and breathing are either diminished or entirely suspended; consciousness, sensation, and the power of motion, are likewise suspended.

There are several degrees of syncope: *lipothymia*, when the pulse and breathing are moderately diminished; *syncope*, when they are scarcely perceptible; *asphyxia*, when both pulse and breathing are suppressed. Precursory symptoms: Confusion of the senses, obscuration and cloudiness of sight, buzzing in the ears, vertigo, tremour, yawning, feeling of anxiety in the præcordial region, sickness at the stomach, paleness of the face and lips, coldness of the extremities, cold sweat on forehead and neck; the pulse is feeble, small, rapidly changing; at last the patients become so feeble that they fall, lose their consciousness, or, if they are conscious of what is taking place near them, they have at least lost all power of expressing any interest in the occurrences. This condition is termed *lipothymia*.

In syncope the patient fails suddenly without any premonitory symptoms. Pulse and beats of the heart are frequently imperceptible; feeble contractions of the heart are perceived by means of the stethoscope; the second sound of the heart is generally imperceptible, the first only feebly. Breathing is feeble; the

inspirations are less frequent. In many cases the continuance of the breathing can only be ascertained by means of a little feather held before the mouth. The eye is partially closed, the features are collapsed, the nose is pointed, the lower jaw is depressed; the muscles, even the sphincters, are in a state of relaxation, the patient sees or hears nothing, he neither speaks nor moves; he is cold as marble, the stool is frequently passed involuntarily. This condition frequently lasts from a few seconds or minutes to half an hour, an hour, and even longer. The patient recovers himself either suddenly, or gradually; the return of consciousness is generally attended with moaning, yawning, stretching of the limbs, palpitation of the heart, slight convulsions of the facial and other muscles, sometimes vomiting, emission of flatulence, alvine evacuations.

*Causes:* Syncope frequently occurs with nervous, hysteric, hypochondriac individuals; in consequence of exhausting diseases or starvation, violent emotions, fright, joy, physical or mental exertions, fatigue, blows or shocks on the epigastrium, inhalation of mephitic air, sudden change of temperature, etc.

The prognosis depends upon the cause. Hysteric syncope is without danger; should it last ever so long; plethoric syncope, or syncope produced by sudden arrest of breathing, congestion of the heart, or excessive exhaustion, is more dangerous; syncope, setting in at the commencement, or during the course of a fever, is a dangerous prognostic for the disease. If syncope should last too long, it is to be apprehended that a congestion in some part of the body will take place.

§ 156. *Treatment:* Syncope is frequently a mere symptom, in which case the remedy has to be chosen in accordance with the general disease. It is important to remove from the neighbourhood of the patient everything that is calculated to excite syncope; such as offensive odours, frightful objects, vapour of coal, fragrant flowers, etc.; the body is to be made easy; neck, chest, and abdomen, are to be bared, the patient

is to be put in a horizontal posture, doors and windows are to be opened for the purpose of letting in fresh air; or else the patient is to be placed near the open window. These means are frequently sufficient to restore the patient. If not, the patient may be sprinkled with cold water; in hysteric syncope, burnt feathers, cut onion, vinegar, ether, should be held under the nose: Temples, forehead, lips, epigastrium should be rubbed with vinegar, wine; drops of wine or water should be given him; the extremities should be rubbed; sometimes injections are suitable, and, if the paroxysm should last very long, poultices of horse-raddish may be applied to the region of the stomach and heart.

If the syncope should depend upon general debility accompanied with a feeling of anxiety, the best remedy is *Arsenic*. *Veratrum* deserves a preference over *Ars.*, if the debility and syncope should be a sequel to a violent, long-lasting acute disease, and should be occasioned by the least motion. *China* corresponds to syncope arising from loss of animal fluids, excessive nursing, frequent blood-letting, hæmorrhage, excessive loss of semen, chronic diarrhœa; *Acid. phosph.* and *Staphys.* are sometimes indicated by this condition. *Aconite* is the principal remedy for syncope from congestion of the head; sometimes *Bellad.*, *Nux*, *Crocus*; *Crocus* especially when the nose bleeds profusely; the two last named remedies are suitable for young, plethoric individuals.

Hysteric syncope yields to *Chamomilla*, *Moschus*, *Ignat.*, *Valeriana*, *Pulsat.*, *Viola odorata*, *Cocculus*, etc. *Caladium* corresponds to syncope from meditation, writing, or a recumbent posture. *Carbo veg.* and *Nux vom.* remove syncope which usually takes place in the morning. *Hepar sulp.* or *Nux mosch.* is suitable to evening-syncope with slight distress, vertigo, or vanishing of sight. Syncope after dinner yields to *Nux v.* Syncope with coldness of the external parts to *Colocint.*, with nausea and prostration to *Causticum*.

Syncope from starvation requires medical treat-

ment, but as soon as the patient recovers his senses, small quantities of wine should be given him in frequent succession, and afterwards small portions of broth with egg, biscuit, sago, gritts; lastly, but cautiously, some more substantial food.

§ 157. *Asphyxia, apparent death.*

In asphyxia there is a temporary cessation of the functions of the heart and lungs; the patients are insensible, without motion or consciousness; the limbs are rigid. There are no symptoms of decay: the cornea is not soft and doughy as in death, nor can impressions be made upon it. In some cases the patients hear what is spoken, without being able to give any signs of life.

*Pathogenesis.* The disease arises from deprivation of the atmospheric air, as in the case of suspended, strangled, drowned individuals, or from obstruction of the air-passages by croupous exudation, mucus, pus, or some other morbid product, compression of the air-passages by swellings, aneurysms, abscesses, goitre, etc. Asphyxia is likewise caused by congelation, mephitic air, lightning, violent emotions, poison, malignant typhus, plague. Every syncope, if of long duration, may terminate in asphyxia; it sometimes is a symptom of a general nervous disease, in hysteric, epileptic, cataleptic, lying-in patients.

§ 158. *Treatment:* First of all, the immediate cause of asphyxia should be removed. Then the patient is to be placed in pure air, and covered with warm blankets, ashes, or sand; warm applications to the pit of the stomach, axillæ, and soles of the feet, are to be renewed constantly (some living body answers best); the patient should be put in a warm bath containing a little salt or ashes; at first the water should be tepid, to which warmer water may be added gradually. The patient should remain in such a bath for one hour; during this time the extremities may be rubbed with the palm of the hand, woollen cloths, soft brushes. If the head should be very much



congested, it may be frequently sprinkled with cold water while the patient is in his bath. On being taken out of the bath, the patient should be carefully dried and put in a warm bed, the temperature of the bed to be kept up with warm bottles, and the like. The utmost precaution should be used in undressing the patient; generally speaking, it is best to cut the clothes with knives and scissors, in order to avoid any violent concussion, flexion and extension of the extremities. Warmth has frequently proved sufficient to remove apparent death; it is a more important remedy than any thing else, and should not be interrupted by any other means of treatment. Too much should never be done at once; nor should too powerful stimulants be employed at the commencement, lest the feeble remnant of irritability should be completely overcome and destroyed.

To restore the respiratory process as soon as possible, air should be blown into the mouth after closing the nose of the patient, and the respiratory motions of the thorax should be imitated. The air should be blown in by some other person who is to apply his mouth to the mouth of the patient, or by means of some artificial apparatus containing pure, or oxygenated air. Previously, however, the mouth and nose of the patient must be cleansed of the adhering mucus. The artificial motions of the thorax are best imitated by applying a towel round the chest and alternately pulling upon, and relaxing it.

A current of electricity or galvanism from the pit of the stomach to the opposite side of the spine is likewise an excellent means of reviving the patient. Eisenmann proposes the following mode of applying the galvanic current: Insert a needle on the edge of the sterno-cleido-mastoideus muscle in the middle between the handle of the sternum and the angle of the jaw, and another needle under the false ribs towards the edge of the diaphragm; bring the two needles in contact with the wires of a galvanic battery of moderate power.—During the bath, or even at the

commencement, the face, pit of the stomach, genital organs should be sprinkled with cold water, vinegar, wine, the sprinkling to be performed with a syringe, not too gently; ether may be dropped upon the pit of the stomach, and spirits of hartshorn held under the nose. Friction should be made upon the extremities, pit of the stomach, chest, spine, forehead and temples; spirits may be occasionally used for that purpose.

Other stimulants are: dry cupping, pricking with needles (under the nails), beating with nettles, dropping molten wax, pitch, sealing-wax upon the skin, application of a red-hot iron to the pit of the stomach and spine, a vesicatory on the epigastrium after previously removing the epidermis, moræ, etc. These violent means should only be used after every other method of relief had failed.

Even bloodletting may sometimes be required. A little depletion is frequently the only means of restoring the susceptibility to the influence of other remedial agents. Bloodletting is particularly indicated when a congestion of the brain, lungs or heart is indicated by blueness and venous turgescence of the face, redness of the whole body, protrusion and injected appearance of the eyes, swelling of the cervical and temporal veins.

After the removal of asphyxia, violent congestions or inflammations of the brain, lungs, or typhoid symptoms set in, which require the most careful homœopathic treatment. The patient is greatly relieved by the copious involuntary discharges of fetid fæces which frequently take place in this condition. If no such evacuations should take place, injections will frequently have to be ordered.

#### §. 159. *Asphyxia by drowning.*

Asphyxia and death by drowning may take place in two ways: from the lungs by keeping off the atmospheric air and preventing the oxydation of the blood, and from the brain by a sudden cessation of its functions.

It is important to know that some who get under

the water lose their consciousness suddenly, without a struggle ; in such a case the presumption is that the brain has at once become paralyzed ; whereas others die from gradual suffocation, the loss of consciousness taking place after the stupifying influence of the non-oxydized blood has reached the brain (Canstatt).

*Prognosis* : Recovery is probable provided the patient was no longer than five minutes under water ; if he had been under water fifteen minutes and longer, there is very little hope of saving the patient, though this has happened. The colder the water, the more unfavourable the prognosis.

§. 160. *Treatment* : A good deal of mischief is done by retarded or wrong treatment. Very few patients die from the water getting into the lungs or stomach ; it is therefore highly absurd to place them upon their heads in order to pour the water out as you would from a bottle. The great point is to restore the vital functions, and this is most suitably accomplished in the following manner : Remove the patient from the water as cautiously as possible, and place him in a warm room in a horizontal posture ; in the summer season, he may even be extended on some warm spot in the open air. The patient's clothes, cravat, shirt should be taken off by means of scissors, and the body should be dried with warm flannel. Lay the body on the right side, head and chest somewhat higher than the extremities. in order that the fluid which has penetrated into the mouth and trachea might be freely discharged ; mouth and nose are to be cleansed from the adhering impurities. Warm bottles should be applied on both sides of the body, and to the spine and feet of the patient, and the pit of the stomach should be covered with warm cloths or with bladders filled with warm water. The soles of the feet, extremities, pit of the stomach, spine should be alternately rubbed with warm flannel or hard brushes. The Schneiderian membrane should be stimulated with spirits of hartshorn, vinegar, ether ; spirits and aromatic fluids should be rubbed

upon the skin; the soles of the feet, the fine skin of the nose and the uvula should be irritated with a feather. Injections of tobacco, or of water mixed with salt, soap, vinegar, are likewise useful. All these stimulants have to be used with moderation.

Respiration is to be restored by the means which have been pointed out for asphyxia; the lower false ribs are to be pressed laterally upwards, and pressure is at the same time to be made softly upon the abdomen in the direction of the diaphragm, which is pressed upwards into the thoracic cavity by this means. Another means is to blow air into the patient's mouth, the larynx being at the same time gently pressed upon from before backwards, in order that the air might get into the trachea and not into the œsophagus. Galvanism is likewise recommended; it is also deemed useful to drop water upon the epigastrium, hot sealing-wax upon the skin; dry cupping in the umbilical region or on the inner sides of the thighs, is likewise expedient. If all these means should fail, the patient's body, except the head, is to be wrapt up in warm ashes, which may even be mixed with sand or salt. This warm dry bath is to be continued for several hours.

If warmth and reaction should gradually set in, the patient is to be put in a warm bed, he is to be given some green tea with rum, in order to make him perspire, without however heating the body too much, which might be injurious. If the patient be a plethoric individual, and congestions be distinctly visible, venesection might be resorted to, which would have been useless as long as the circulation was not restored.

The attempts to resuscitate the patient should be continued for several hours and more; they should be discontinued only after the body has become cold and rigid by the hand of death.

§ 161. *Asphyxia by strangulation, suspension.*

Death by strangulation is most frequently the result of apoplexy and suffocation at the same time. The

brain first becomes congested; the face is red and blue, the eyes protruded, there is a sensation of pain, heat, dizziness in the head, fiery flashes before the eyes followed by darkness, buzzing and ringing in the ears; these symptoms are finally followed by loss of sensation and motion. Suspended individuals are never conscious of any distress of breathing; we know this from the statements of those that were saved in time; complete stupor precedes the suffocation. In the last moments the penis frequently becomes erect and a discharge of semen takes place.

It is of great importance to cut down suspended individuals with great caution, lest the body should fall on the ground. After taking off the clothes, the suspended person is laid in a horizontal posture, head and chest being somewhat more elevated. If the face should be livid and symptoms of apoplexy should be present, the best means of resuscitating the patient, is animal magnetism. The flat and extended hand is to be carried, at the distance of one inch from the patient, from the crown of the head to the toes of the feet. This pass removes the congestion of the brain, the more speedily the more rapidly it is executed. This proceeding is repeated every 2 or 3 minutes. At the same time doors and windows have to be opened in order to secure the access of fresh air. Every possible means should be used during all this time to restore the patient. Air should be blown into him, and artificial respiration instituted. friction should be resorted to, and the fauces should be tickled with a soft feather. If these means should prove insufficient to remove the congestion of the brain and the apoplectic condition of that organ, in that case a moderate quantity of blood should be drawn from the jugular vein, in order to restore the circulation, provided this is still possible. Afterwards the remaining congestion has to be treated with *Aconite*, *Bellad.*, *Bryon.*, *Mercur.*, etc.; the action of these remedies can be increased by applying oat-meal poultices to the soles of the feet. If all these means should still fail, warm wine and the

acetate of naphtha should be rubbed upon the epigastrium and temples, the soles of the feet should be brushed, and stimulating injections or even a tepid or warm ash-bath should be resorted to. Frequent doses of a *solution of Camphor* should be administered, after which a few doses of *Coffea* may occasionally be given. If no symptoms of congestion be present, if the face be pale, bloodletting has to be omitted, and all that should be done, is to apply the above-mentioned irritants of the skin and mucous membrane, the artificial respiration and galvanism. The contused neck should be bathed with emollient fomentations, or almond-oil should be rubbed upon it.

§. 162. *Apparent death by congelation.*

Symptoms of congelation are : great lassitude and heaviness in the extremities ; hunger ; dulness of the head and disposition to sleep. At last the patients are unable to walk or stand, they stagger as if intoxicated, are overcome by sleep, fall into a sort of lethargy, which terminates in death. Breathing and circulation generally continue for a time during the sopor. In some cases patients have been restored to life even after having been in this state of asphyxia for one or two days. The body and extremities of such persons are rigid, hard and cold as ice, and frequently break as readily.

*Treatment.* In carrying or undressing the patient, the greatest care is required, lest the body should be broken. To restore the animal heat, the lowest degrees of temperature should be employed first, and gradually higher degrees resorted to.

The clothes must be cut off with scissors. This done, the patient has to be extended on snow, and to be covered with a layer of snow of one or two inches deep, to be pressed as firmly as the case will permit. Mouth and nostrils should be left free. As soon as the snow begins to melt, it has to be renewed. If no snow can be had, icy-cold water may be used in the shape of a bath, or the frozen individual may be

wrapped in clothes dipped in icy-cold water. After the lapse of an hour, the body is taken out of the snow, and is washed with snow-water, cautious attempts being made at the same time to move the extremities. Gradually warmer water is used, the pit of the stomach is rubbed with water and vinegar, wine, naphtha; spirits of hartshorn or camphor are from time to time held under his nose. If the body should become warm, and the extremities should lose their rigidity, the patient is carefully dried and put in a moderately warm bed in a moderately warm room. Here friction is instituted, and the artificial respiration attempted. The thawed extremities are washed with tepid wine, vinegar, or brandy and water; afterwards some warm drink is given to the patient, first in small and then in gradually increasing doses; green tea with a little rum or red wine, afterwards broth, etc., are excellent for that purpose. The best means, however, is the tincture of *Coffea cruda*, the palliative effect of which has been sufficiently tried, in cases that require immediate relief, sea-sickness, poisoning with opium, veratrum, in the case of drowned, asphyxiated or frozen individuals, etc. If a numb and dead feeling should remain in single parts, nose, ears, hands, feet, the above described means are to be continued with these parts, until these morbid sensations have disappeared. If any fever or other morbid symptoms should remain after resuscitation, the proper homœopathic agents are to be employed for their removal.

§. 163. *Sideratio. Asphyxia by lightning.*

Individuals struck by lightning, frequently retain the same position that they had before being struck. If they were not killed, they lie in a state of stupour or catalepsy, the heart beating very feebly, or not beating at all. The face is frequently red, blue, the eyes staring, ecchymosed; sometimes blood is discharged from mouth, nose and ears; or these parts are pale, the limbs are relaxed or spasmodically contracted.

The clothes of the patient are frequently burnt, torn ; the surface of the body is sometimes scorched, burn-blisters and red streaks are observed here and there ; the hairs of the head are sometimes crisped. Upon return of consciousness, the patient complains of headache, pain in the limbs, feeling of lameness, oppression of the chest, stitches in the chest, numbness of the extremities ; paralysis, numbness, blindness, disposition to sleep, dumbness, tremour, frequently remain after the return of consciousness, disappearing more or less rapidly ; in some cases startings of the limbs remain as are caused by an electric shock.

*Treatment :* Persons that are struck by lightning are not always lost, as I know from my own experience. If the persons had been struck in a room, and they had not yet been carried out of it, I had them carried into the open air, or else into another room. In one case I employed electricity, because an electric machine happened to be handy. I drew small sparks from various parts of the body, and, by this means, succeeded in restoring the patient much more speedily than I was able to do in other cases where electricity could not be employed. An electric shock through the head, followed by another one through the chest and back, is probably still more conducive to the desired end. Electricity is the best remedy for the effects of lightning, and restores the patient without leaving any unpleasant symptoms.

Where no electricity can be employed, the following proceeding should be resorted to : Cause a ditch of about two feet deep to be dug in the ground, and place the patient in a state of nudity in it, in a sitting posture with the head erect ; he is to be covered with earth all round. Or he may be concealed in a heap of manure in the above-described manner. If these means should not be handy, then the patient must be sprinkled with cold water, and the soles of the feet, palms of the hands, and internal sides of the thighs must be rubbed with hard brushes. Spirits of harts-horn are to be held under his nose, a few drops of the



acetate of naphtha are to be dropped or rubbed upon the epigastrium. It is likewise useful to blow air into the patient, and to give him injections of cold water mixed with salt or vinegar. If congestion of the brain should be present, a vein may be opened, after which animal magnetism should be resorted to. After the patient had been revived, I have sometimes found *Acqnite* very useful. If the head was dull and confused, and the patient was unable to recover his senses, frequent small doses of *opium* seemed to be the most suitable remedy.

§. 164. *Asphyxia by the vapour of coal.*

This vapour may fill a room from various causes: vessels with burning coal left in a room, untimely closing of a stove-pipe by means of a stopper, badly built chimneys, or even design. Symptoms: heaviness, dulness of the head, vertigo, sometimes an agreeable stupour, constrictive sensation in the temples; shortly after, a violent, boring headache, constant buzzing in the ears, and great lassitude in the limbs. The face is red, bloated, bluish; the veins in the face and temples are distended; the eyes are protruded and glisten. Afterwards the breathing becomes difficult, deep, moaning, oppressed in consequence of a constrictive sensation under the sternum; the heart beats violently, the pulse is hard and hurried, the symptoms are those of a semi-apoplectic condition; delirium, loathing, retching, vomiting, convulsive twitchings of the facial muscles, trismus are frequently present. The disposition to sleep soon becomes irresistible, a comatose condition sets in, the pulse becomes small and irregular, the beats of the heart constitute a mere vibratory motion; the senses finally become extinct, the circulation and breathing cease, the sphincter-muscles become relaxed, stool and urine are passed involuntarily, death sometimes takes place with convulsions.

The prognosis is unfavourable if the muscles have become rigid, and involuntary discharges of stool and

urine have taken place ; if the natural temperature of the body continue, the muscles and eyelids twitch, etc., the prognosis is more favourable.

*Treatment* : Expose the patient as soon as possible to a pure air, the fresh open air being preferable ; if the patient cannot be carried into the open air, doors and windows have to be opened. Undress the patient, place him in a horizontal position, with the head and chest somewhat raised, and sprinkle the face and body with cold water ; friction is to be used ; cold water should be poured from a certain distance on the face and epigastrium by means of a syringe ; washing with vinegar is not to be neglected. Excellent means are : blowing in air, artificial respiration, injections of vinegar, smelling of the spirits of hartshorn, acetate of naphtha, spiritus nitri dulcis, etc., and animal magnetism.

§ 165. *Asphyxia by mephitic air.*

Individuals who are exposed to this air, first feel an oppression and increasing weariness which terminates in fainting and asphyxia, but generally speaking disappears without leaving any unpleasant effect, as soon as the patients are exposed to the open air. The symptoms are more dangerous, however, if hydrothion gas or hydrothionic ammoniacal gas be inhaled. Individuals that come in contact with these gases, frequently fall dead as if struck by lightning ; in other cases this effect does not take place till the individual has been for some time exposed to the action of the gases. Such individuals first feel a violent pain in the stomach and joints, a constriction in the throat ; they utter a roar which is frequently followed by delirium, sardonic laughter, general convulsions with opisthotonus, the face is pale, the pupils are dilated and immoveable, the mouth is filled with a white or bloody froth ; the breathing is spasmodic, the breath smells like sulphuretted hydrogen gas ; the motions of the heart are irregular, the skin is icy-cold.

In order to be protected against these gases, the

ditches should be opened to the air long before the workmen enter ; a light should be introduced into the ditches to ascertain whether it will burn or become extinct. A heap of glowing embers may likewise be introduced ; if a fiery areola be observed around them, this shows that sulphuretted hydrogen is present. To correct the mephitic air, fires should be kindled in the ditches, currents of air should be established, chlore or a solution of the chloride of lime should be poured into the ditch, the morass should be stirred with long poles, and the cleansing of the ditch should take place in dry and cold weather. The workmen should be admonished to turn away their heads as soon as excessively offensive odours are suddenly perceived by them, and to leave the ditch at once if they should feel sick.

The treatment is pretty much the same as is pursued in other forms of asphyxia. In Paris, as soon as a workman feels sick, his comrade gives him a few tablespoonfuls of olive-oil, and then a glass of brandy ; these substances generally effect an evacuation upwards and downwards, which affords great relief. Dupuytren recommended to inhale chlore ; since then this has frequently been done with success. A cloth or sponge is dipped in a solution of the chloride of lime, and held to the mouth of the asphyxiated individual ; he is at the same time to be sprinkled with cold water.

*Asphyxia by carbonic acid gas.*

This gas is frequently found accumulated in cellars containing spirituous liquids, wine, beer, juices in a state of vinous fermentation ; in the neighbourhood of acid springs, mines, cavities, subterraneous caverns, in the neighbourhood of marshes containing a quantity of vegetable matter in a state of decomposition ; in rooms filled with men and animals.

In this case asphyxia takes place suddenly ; the individual falls down suddenly without consciousness ; if there be not too much of the noxious gas,

the individual is first taken with vertigo, buzzing of the ears, extinction of the senses, hiccough, headache, coma, delirium with redness of the face and congestion of the eyes; asphyxia takes place at a later period.

The treatment is the same as in the case of asphyxia by the vapour of coal. Before removing the individual from the place where the suffocation took place, fresh air must be admitted by every possible means, lest the person who undertakes the saving, should likewise be suffocated. Burning straw is thrown into the ditch or cavity, gunpowder is burnt in them, those who descend into the cavity for the purpose of saving, keep before their mouths a sponge soaked with the milk of lime; they are moreover tied to ropes so that they may be hauled up immediately, as soon as they perceive danger.

The external stimulants which require to be used in the above-mentioned forms of asphyxia, are the same under homœopathic as under allœopathic treatment. Internal medicines will be found useless as long as the vital power has not been roused by some external stimulant. This being accomplished, the internal homœopathic agent will be found eminently useful.

§ 166. *Asphyxia neonatorum. Apparent death of new-born infants.*

In this condition there are no signs of life, but on the other hand no symptoms of decay. The causes of asphyxia are various: Stoppage of the circulation in the cervical vessels; pressure on the umbilical cord; constriction of the neck by the umbilical cord; retarded delivery of the head; slow labour; difficult labour, requiring the use of the forceps; traction of the spinal marrow as might take place in pulling on the feet of the fœtus; accumulation of mucus in the mouth, fauces, trachea, etc.

Asphyxia is characterized by the following symptoms: The infants are generally large, heavy, of a

plethoric constitution; the infant's face is blue-red, the eyes protruded, the body is warm, red, covered with blue spots here and there; the infants are generally fully developed, the skin is tight, the umbilical vessels turgid, sometimes with visible pulsations, the pulse is still perceptible; congestive symptoms are universally present; the head is pressed into an oblong shape.

This variety of asphyxia is termed by authors asphyxia apoplectica S. hyperæmica, and is more easily removed by the medicines mentioned below than the following variety.

Another variety is asphyxia syncoptica or anæmica. This form of asphyxia is occasioned by miscarriages or metrorrhagia during pregnancy or delivery; it frequently takes place with debilitated females or mothers who have been exhausted by disease, or who have had violent emotions during pregnancy or shortly before delivery. This kind of asphyxia is characterized by the following symptoms:

The whole body is pale, flabby, not properly developed, the face is sunken and pale, the lips are blue, the lower jaw is depressed, the extremities are cold, the skin is relaxed, mouth and anus generally are open, and the body is stained with meconium; the pulse is collapsed, symptoms of debility and depletion are universally present.

§ 167. *Treatment*: Some pathologists propose, in asphyxia apoplectica, to let a few teaspoonfuls of blood escape from the umbilical cord, in order to equalize the circulation and rouse the vital forces. I would only resort to this means after having fruitlessly tried more simple means.

My own mode of treatment is as follows. The child should not at once be separated from its mother; the mucus which is in the child's mouth should be removed with the little finger, which is to be inserted in the mouth as far as the root of the tongue: the body, particularly the chest, is to be rubbed with warm cloths, the palms of the hands and soles of

the feet are to be rubbed with a brush that should not be too hard, and the respiration is to be excited by blowing air into the child's mouth, etc. If these means should not be sufficient to restore life, I drop a few drops of the acetate of naphtha upon the pit of the stomach and have them rubbed upon the skin with a warm hand. If this should likewise be ineffectual, the cord should at once be cut and a little blood should be drawn from the end of the cord belonging to the child.

Another good means is, after the child has been separated from the mother, to sprinkle the child with cold water, or to drop a little cold water upon the pit of the stomach from a certain height, or to throw a little cold water upon that region by means of a syringe.

If all these means should remain unsuccessful, then a tepid bath should be administered, and the above-mentioned expedients should be resorted to again while the child is in the bath; burnt feathers, the acetate of naphtha, spirits of hartshorn, etc., may at the same time be held under the child's nose.

All these measures, except the letting of blood, are likewise to be recommended for asphyxia anæmica, though success is much less frequent in this variety.

The means which I have recommended to rouse the vital power of the child, should be used slowly, gently, though perseveringly; the efforts may be moderated in proportion as the child seems to revive. They should not be discontinued, however, till the child is completely resuscitated. The first symptoms of life are: slight twitchings and tremulous motions around the mouth; slight though perceptible contractions of the pectoral muscles; returning warmth and redness of the lips; the froth at the mouth begins to be agitated and the breathing becomes audible.

As regards the internal treatment, *Aconite* should be given for asphyxia plethorica, and *China* for asphyxia synoptica.

## A P P E N D I X.

DISEASES OF NEW-BORN INFANTS, WHICH IT WAS NOT EXPEDIENT TO MENTION BEFORE.

### § 168. *Ankyloglossum. Tied tongue.*

This defect of the tongue is recognised by the striking shortness, or breadth of the frænulum, causing an immobility of the tongue which renders it difficult for the infant to nurse. The infant is unable to elevate the tongue or to stretch it forward.

It is quite easy to remedy this defect. The frænulum has to be cut in the middle with a pair of curved scissors or with short straight scissors. I generally make the incision over a split narrow spatula. The cut should not be too long, for fear of wounding important vessels or nerves. The bleeding which sometimes takes place, is easily arrested by touching the wound with a little wine.

### § 169. *Partial Swellings in consequence of heavy labour.*

Such swellings are most frequently seen on the head, and arise from the pressure upon the head by the pelvic bones. It is an œdematous swelling, imparting to the head either an oblong and pointed or a biassed shape. This swelling soon disappears of itself through the restorative internal action of the brain; in obstinate cases, however, it is sufficient to bathe it with a solution of a few drops of the *tincture of Arnica* in two ounces of tepid water.

### § 170. *Cephalætopia, bloody tumour.*

These tumours are not noticed at the birth of the infant. They arise from a gradually spreading effusion

of blood into the cellular tissue. This tumour is more elevated and circumscribed than a simple swelling, and fluctuation is distinctly perceived in it. The tumour is not diminished by pressure, nor does it cause pain or induce sopor. Such bloody tumours occur during an easy as well as heavy labour, not only on the parts that happen to present, but principally on the parietal bones. If remaining uncured for a length of time, the subjacent bones may become inflamed, and such an inflammation may terminate in suppuration and caries.

§ 171. The internal treatment of such tumours is unavailable as long as the tumour remains unopened. My mode of treatment is as follows: I lance the tumour where it fluctuates most, press the contents out very slowly and cautiously, insert a small wick in the incision to prevent the immediate closing of the wound, and cover the wick with a double-folded piece of linen saturated with a weak solution of *Arnica*.

Some pretend to have removed the tumour with *Rhus* in a few days without opening it.

Tumours discharging ichor in consequence of alloëopathic mismanagement, are healed with *Arnica*, *China*, *Silicea*.

#### § 172. *Swelling of the breasts, soon after birth.*

This swelling is sometimes caused by mechanical pressure on the nipples. In this case, *Arnica*, internally and externally, is sufficient to remove the trouble. If erysipelatous inflammation with hardness should be present, *Chamomilla* and *Belladonna* are the best remedies. In phlegmonous inflammation, *Aconite* to be followed by *Bryonia* is most suitable. If pus have formed, it must be discharged, after which the wound will sometimes close of itself; if not, *Hepar* and *Silicea* will effect a cure.

#### § 173. *Hiccough of new-born infants.*

This trouble generally arises from exposure to cold, and disappears as soon as the child gets warm again.



It is sufficient to put the infant to the breast or to give it a few teaspoonfuls of water and sugar.

§ 174. *Constipation of new-born infants.*

A change of diet is sometimes sufficient to remove this difficulty. If the mother or nurse do not take coffee, a teaspoonful of coffee without milk, sweetened with sugar, will sometimes open the bowels. If the infant be otherwise healthy, an injection of tepid milk, or tepid water sweetened with sugar, may be given. If this should fail, give an injection of half a pint of milk, sweetened with two tablespoonfuls of honey.

If the constipation should arise from abuse of coffee on the part of the mother or nurse, give *Nux vom.* This is likewise indicated when the constipation was caused by indigestible food, or when the stools are very hard and the infant has to strain a good deal.

*Opium* is indicated when the peristaltic movement of the bowels seems to be entirely prostrate, and the abdomen begins to be distended.

*Bryonia* is frequently useful after *Nux*, and *Veratrum* is indicated for torpor of the rectum.

*Argilla* 30 is one of the principal remedies for torpor of the rectum.

*Tinctura sulphuris* 30, or *Lycopod.* 30, is excellent, when the disease is very obstinate; likewise *Calc. carb.* and *Zincum*.

§ 175. *Screams of infants, without any perceptible cause.*

If these screams should be caused by pricking of pins, tight bandaging, etc., the cause is easily removed. If the cause should not be known, *Chamomilla* or *Belladonna* will frequently stop the distress. *Coffea cruda* is required, when the infant had been suddenly disturbed from sleep, and would like to sleep again, but is not able.

These screams sometimes arise from colic, accompanied with tossing about, drawing up of the extremities, diarrhœic stools which sometimes corrode the

anus ; in this case *Chamomilla* is the remedy. *Jalapa* may likewise prove useful, with or without diarrhœa. *Senna* is indicated for flatulent colic, with sleeplessness and vascular orgasm. *Rheum* for colicky, ineffectual urging to stool, or scanty discharge of gray, sour fæces without relief.

§ 176. *Protrusion of the umbilicus, inguinal hernia.*

These defects sometimes arise from pulling at the umbilicus, tight bandaging, constant screaming, etc. In umbilical hernia the swelling sometimes extends an inch or more out of the umbilical orifice.

A well applied bandage is sometimes sufficient to cure the hernia. In many cases, however, the constant screaming of the infants prevents the cure. In such cases, after replacing the hernia, I apply a double or treble-folded linen compress fastened by two cross strips of adhesive plaster. It is sometimes expedient to moisten the compress with some kind of spirits.

In inguinal hernia mechanical means can very seldom be used.\* The best remedy for this kind of hernia is *Nux vom.* *Chamomilla*, *Veratr. album*, *Aurum* are likewise useful. In obstinate cases I have used *Acidum sulphur.* and *Sulphur* with great success.

§ 177. *Strangury.*

This trouble sometimes sets in without any apparent cause. The infant screams before urinating, or even while the urine is being discharged in drops. The region of the bladder is distended, and the infant screams constantly and suffers great pain. This distress either arises from inflammation or spasm. If from inflammation, the region of the bladder feels hot, and there is a feverish condition of the body.

One dose of *Aconite* frequently removes the com-

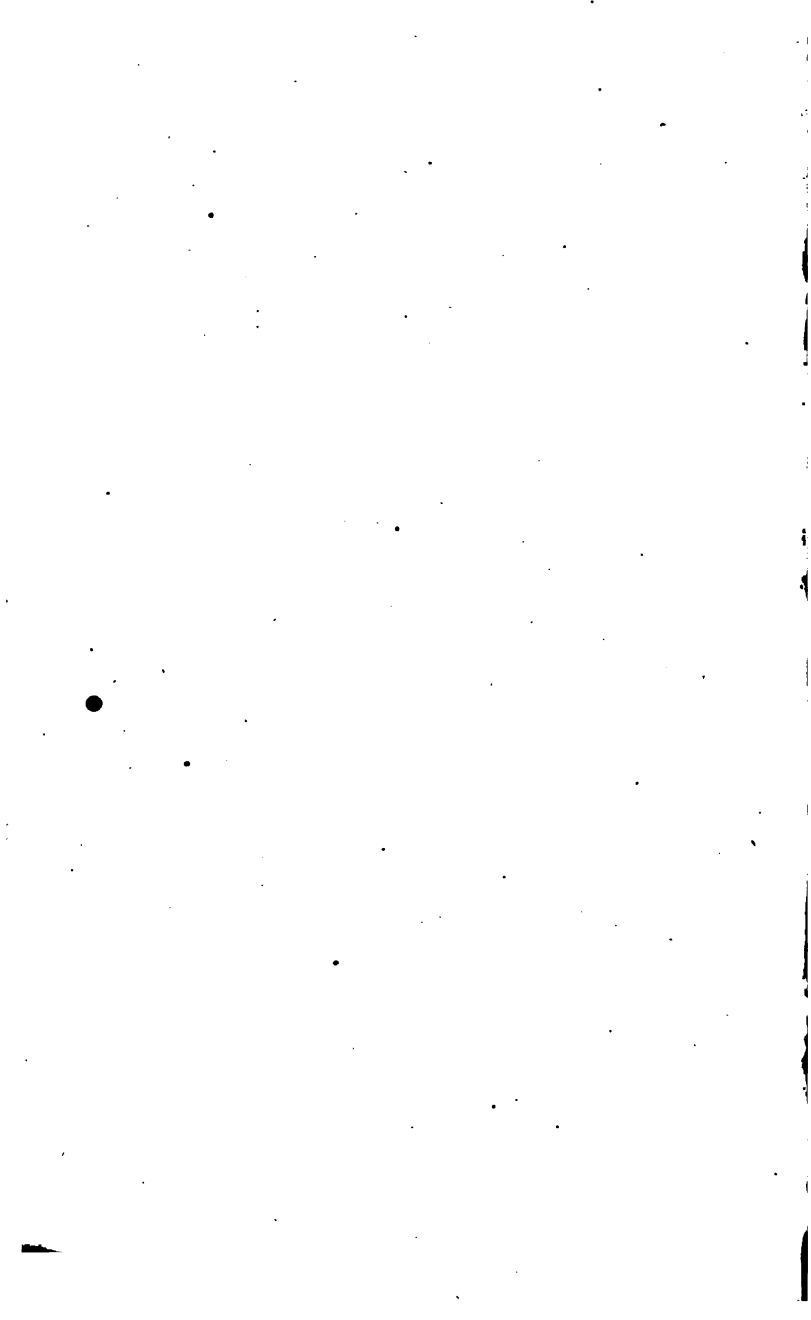
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\* A silk-truss with a silk pad can be applied with great benefit. Any mother can make this for her baby under the direction of the physician.—*Hempel.*

plaint. If spasm be the cause, or if the cause be unknown, a few pellets of *Camphora*, first att., are sometimes sufficient to a cure. *Cantharides* are a well known remedy for this affection. Latterly I have used *Phosphorus* 30 for a spasmodic retention of urine.

In my district, people use as domestic remedies for this affection, a decoction of *Apium petroselinum* in teaspoonful doses, which, however, sometimes causes an obstinate gastric derangement, and a decoction of *Rosa villosa*, which is preferable to the former.

*Cannabis* and *Lycop.* are very useful in this disease.



**HARTMANN'S**  
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**OF**  
**CHRONIC DISEASES**  
**AND THEIR**  
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**THIRD GERMAN EDITION.**

**REVISED AND CONSIDERABLY ENLARGED BY THE AUTHOR.**

**TRANSLATED, WITH ADDITIONS,**  
**AND ADAPTED TO THE USE OF THE AMERICAN PROFESSION,**  
**BY**  
**CHARLES J. HEMPEL, M.D.**

**VOLUME IV.**

**NEW-YORK:**  
**WILLIAM RADDE, 322 BROADWAY.**  
**PHILADELPHIA:—C. L. RADEMACHER, 239 ARCH-ST.**  
**BOSTON:—OTIS CLAPP, 12 SCHOOL-ST.**  
**ST. LOUIS:—FRANKSEN & WESSELHOEFT.**

**1849.**

**ENTERED**

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THE  
TRANSLATOR'S PREFACE.

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THIS volume completes Hartmann's work on the treatment of Acute and Chronic Diseases. I commend it to the careful attention of all those who are anxious to possess a systematic *exposé* of the homœopathic treatment of acute and chronic diseases. It is the only complete work of its kind in existence, and will be found a most acceptable guide of practice, not only to beginners, but also to older practitioners.

I ought to state, here, that Hartmann generally prefers the attenuations from the 30th downward, especially in the treatment of syphilis and chlorosis, where, he contends, large doses of low attenuations are absolutely necessary to a prompt, safe and thorough cure.

In this, I believe, all wise observers agree. On the other hand, the so-called high potencies are, in certain cases, valuable in practice, Hartmann's opinions to the contrary, notwithstanding. Of course, if we wish to see effects from the high potencies, we must in the first place be sure to select the proper, that is, the specific remedy. I have seen effects from the high po-

tencies, a denial of which would infallibly and necessarily lead to the rejection of all evidence of any action of our medicines whatsoever. Hartmann contends, and I fully agree with him in this, that the successful treatment of syphilis and chlorosis requires large doses of the specific remedial agent. To this I would add, that another numerous class of diseases requires, in a large number of cases, the exhibition of large doses of the specific medicine, viz : hysteria, neuralgia (with a few exceptions), the numerous ailments arising from nervous irritation, and intermittent diseases, especially fever and ague. The specific remedy for neuralgia, nervous irritation, and hysteria, is *Aconite*, as will be demonstrated in the *Organon* to which allusion has been made in former volumes ; the principal specifics for fever and ague in our country are : *Cinchona* and *Arsenic*, the former of which has sometimes to be given in five drop doses, at repeated intervals, to effect a permanent and reliable cure.

CHARLES J. HEMPEL.

NEW-YORK, 1849.



## SEVENTEENTH CLASS.

### § 178. *Apoplexia cereбрalis, Apoplexia sanguinea, encephalorrhagia.*

By apoplexy, we understand a more or less sudden, entire or partial loss of consciousness, accompanied with loss of sensation and motion; the latter (sensation and motion) are sometimes still existing, but very feebly; the vital functions, circulation and respiration, continue, sometimes a little slower and more laboured; at others even with more vigour. In almost all cases apoplexy is preceded by precursory symptoms, which are, properly speaking, symptoms of general plethora, such as: dulness and heaviness of the head, derangement of the sensual functions, obscuration of sight as if through gauze, buzzing in the ears, hardness of hearing, indisposition to perform mental labour, great desire to sleep, the sleep being unrefreshing and disturbed by dreams; injected state of the eyes, increased redness and temperature of the scalp, throbbing of the carotids and temporal arteries, cold hands and feet, the extremities go to sleep, they feel numb, as if the patient were walking on velvet; the cerebral nerves feel irritated, with hard aching pain through the brain. The abdominal organs are frequently very torpid, the pulse is slow, full and intermittent, the patient has frequent nightmare, etc.

In sudden and total sanguineous apoplexy the brain feels as if torn, the cerebral functions cease suddenly, the patient falls down without consciousness or sensation, totally or partially paralyzed; stool and urine pass off involuntarily, the patient is comatose, breathing stertorous, slow, pulse hard, full and slow, the eyelids hang down as if paralyzed, the mouth is drawn to

the side not paralyzed, the eyes are staring and protruded, the pupils insensible and frequently dilated; speech is difficult or entirely lost, etc. In many cases the patient vomits, the face looks livid and turgescient.

If the cerebral functions cease totally or partially, in consequence of the pressure of the extravasated blood upon the brain, the symptoms of nervous apoplexy or paralysis of the brain make their appearance, resembling very closely those of a violent concussion of the brain; the patients, totally paralyzed, look pale as death, they seem to be in a deep swoon, their pulse is feeble and irregular, vomiting and nausea are present. In some cases, after this condition has existed for a couple of hours, the pulse becomes fuller, the face looks red, and all the other symptoms of hyperæmia make their appearance, precisely as after concussion of the brain.

In other cases the patients complain of a sudden violent headache, become pale and vomit; sometimes they are able to walk a few steps, the seated pain in the head and the vomiting continuing all the time; the face looks pale as after death, the pulse is soft, the patient is conscious but stupified; little by little the redness of the face and the stupor increase, the patient answers slowly and with difficulty; coma finally sets in, from which the patient cannot be roused. These cases are probably induced by the bursting of a cerebral vessel, and the gradual extravasation of blood in the brain.

In most cases partial paralysis remains; sometimes one side remains paralyzed (hemiplegia), in other cases an extremity, or the patient may remain paralyzed crosswise; in some cases one half of the face, or the tongue and larynx, remain paralyzed, without loss of consciousness.

Serous apoplexy is said to be characterized by paleness and bloatedness of the face, cachectic appearance, leucophlegmasia, gradual setting in of complete or partial paralysis, vomiting, fits of nausea; it is occasioned by debilitating causes, metastasis, suppression

of the secretions, cerebral diseases, terminating in serous effusions. Post mortem examinations have, however, shown that an extravasation of blood had taken place in supposed serous apoplexy, and a simple effusion of serum in apoplexy which was characterized by all the symptoms of an extravasation of blood, showing that, in practice, it is of scarcely any use to distinguish serous and sanguineous apoplexy. (Canstatt).

Gastric, bilious or abdominal apoplexy, is induced by constitutional predisposition, excesses, chagrin, over-eating, constipation; it is characterized by a coated tongue, eructations, disposition to vomit, bilious vomiting, yellow tinge of the eyes and shrivelling of the skin; the præcordial region is distended, sensitive, the patient sometimes grasps at these parts.

§ 179. *Causes.* Apoplexy is more frequent among old than young people, and likewise among males than females; in many families it is hereditary. A constitutional predisposition for sanguineous apoplexy is indicated by a stout and short body, a disproportionately large head, a short and big neck, with the head set upon broad shoulders, corpulence, dark-red, livid countenance, distention of the frontal and temporal veins. This predisposition is increased by a plethoric constitution, piles, rich living, sedentary habits; it exists most frequently among literary men, and persons given to idleness and luxurious living.

*External causes.* Traumatic, dry and cold weather, excessive heat, stroke of the sun, sudden transition from cold to warm, and vice versa; apoplexy is very apt to take place at the time of the spring equinox, or in consequence of the abuse of spirituous drinks, or of narcotic substances, scurvy, etc. It is occasioned by metastasis, sudden suppression of hæmorrhage, sweat on the feet, closing of ulcers, etc. It is likewise occasioned by tight cravats, which prevent the proper reflux of the blood from the brain, by tumours of the neck, goître, angina, impeded circulation of the blood in the lungs, occasioning a repletion of the cerebral vessels; by asthma, whooping-cough, emphysema of the lungs,

or by organic affections of the heart and the large vessels, hypertrophy of the left heart, contraction of the aorta; or by disorganizations of the cerebral vessels.

*Prognosis:* Apoplexy is the more dangerous the more frequently the attacks occur; the danger is particularly great in the case of old people with an apoplectic habit. Apoplexy is more especially dangerous when the respiratory and circulatory apparatus is paralyzed, when the breathing becomes laboured, stertorous, slow, superficial, irregular; when the cheeks puff up and then collapse again at every expiration in consequence of a paralysis of the muscles of the cheeks and lips; when the pulse becomes slow, small, intermitting, and deglutition difficult; when the sphincters become relaxed and urine and fæces are passed involuntarily. Bad symptoms are: coldness of the extremities, clammy sweat on the upper parts of the body, continued or even increased paralysis; mechanical grasping of the patient, without consciousness, at one and the same spot of the head.

The homœopathic treatment of apoplexy is much more favourable than the allœopathic; even in cases which seemed almost hopeless, I have succeeded in effecting a cure. We know, from experience, that sanguineous and nervous apoplexy is much more easily cured than the nervous and serous varieties, which frequently leave important secondary diseases.

§ 180. In treating apoplexy, the exciting causes should, if possible, be removed, as the first step: tight dresses, for instance, should be taken off before any other treatment can be thought of. The patient is carried to a cool place, and everything that has a tendency to vitiate the air is removed from his presence. Head and trunk are raised. If the attack is owing to poison, this has, in the first place, to be antidoted, after which the other medicines required by the symptoms are administered. Strong coffee by the mouth and anus is the best antidote for opium, accompanied with friction. If the irritability of the muscular fibre should have been destroyed, if the body should already be icy-

cold and insensible, it will be advisable to cause the patient to smell repeatedly of a *saturated solution of camphor*, to rub the temples and knuckles with it, and to put the patient into a warm bath. After the restoration of the vital action, frequent small doses of *Ipecacuanha* may be given. If *Belladonna* should have occasioned the apoplexy, strong coffee should likewise be given to restore the lost irritability, after which *Opium* and *Hyoscyamus* will complete the cure. For the after diseases, slight electric shocks, *Mercurius vivus*, and other remedies, will prove useful.

The *Hyoscyamus* apoplexy is best antidoted by smelling of a *saturated solution of Camphor*. The spasmodic effects of spirituous drinks are removed by *Nux vom.* *Arnica*, internally and externally, is indispensable in apoplexy depending upon mechanical injuries. A surgical operation may likewise be necessary in this case.

In most cases we are undoubtedly called upon to treat nervous apoplexy, since sanguineous apoplexy generally depends upon nervous debility, or some other nervous affection, except when it is occasioned by organic diseases of the circulatory or respiratory organs. The symptoms of plethora are generally only apparent, or the causes which we suppose brought on the attack, are too transitory to effect that result.

The best medicines for the precursory symptoms, or even for the incipient stage of apoplexy, especially in the gastric variety, are *Aconite*, *Nux vom.*, *Coffea*, *Bellad.*, *Ipecac.*, *Arn.*, *Bryon.*, *Ignat.*, etc. *Aconite*, *Nux v.*, *Ipec.*, *Coff.*, *Bellad.* and *Merc.* are the best medicines for the precursory symptoms of sanguineous apoplexy. It is impossible to say which of those remedies should be given first, as the symptoms differ in almost every attack. I will report a case from my own practice, to illustrate my own mode of selecting a remedy for such a disease.

The patient was a short, feeble, emaciated female of 80 years. For some time past she had been suffering with œdema of the lower extremities, and had been confined to her bed for about a week, during which

time the swelling had reached the pit of the stomach. The animal functions remained pretty regular, until one evening, at supper, the arms suddenly sank, the head inclined forward, the mouth was drawn to one side, and speech became extinct. The patient was sitting in her bed, with the head bent forward, the breathing was short, rattling. skin cold, pulse small, feeble, scarcely perceptible; the secretions were suppressed; she seemed to be very little conscious or sensible, for, on being spoken to, she remained perfectly silent, and listless; all the functions of irritability, sensibility and reproduction seemed to be quite low. She did not desire anything, nor did she refuse anything, but she was unable to swallow; if some liquid was poured into her mouth it flowed out again at the corners. I gave her a few pellets of *Belladonna*, 30. This seems to be the principal remedy, shortly after an attack characterized by speechlessness, loss of motion and sensation, diminution of the sensual functions, stupor, paralysis, convulsive movements of single muscles, or extremities, dysphagia, flow of saliva from the mouth. On the following morning she was able to swallow some liquid, and she continued to improve until the fourth day. All the symptoms decreased except the œdema, and the general paralysis. On the fourth day a violent orgasm of the circulation supervened, with a full, quick pulse, and a general restlessness. I gave a few doses of *Aconite*, which quieted the circulation, but left shortness of breathing and rattling, aggravated by motion. *Chamomilla* was given without success, but *Arsenic* seemed to relieve her very much. The patient had now been sick a fortnight. She was able to raise her head, and to utter a few sounds, without articulating. The breast seemed to be free; the patient was able to take some more substantial food, stool and sleep were regular; she passed, however, less urine than before, and the œdema and paralysis of the lower extremities and right arm seemed to have increased, rather than otherwise. The swelling yielded to *Helleborus niger*, followed in six days by *Ferrum*, and then, in four days,

*China*. For the remaining paralysis I first gave *Stannum*, and a fortnight afterwards, *Causticum*, highest potency. A fortnight after taking this medicine, the patient was able to walk across the room by means of a cane, and to articulate a few words. She remained the same for about four or five weeks. *Stannum* was now given. This seemed to strengthen her lower extremities, and to enable her to utter a few coherent words. *Baryta carbonica*, 30, two pellets, did more good than any of the above-mentioned remedies. The improvement was particularly visible in her speech. *Baryta* seems to be the principal remedy in paralysis of old people, particularly when remaining after an apoplectic fit.

Other remedies for apoplexy are: *Ipecacuanha* in frequent, small doses, particularly when the patient moans a good deal, and the breathing is very short and deep. It is an excellent remedy for sanguineous apoplexy, but may likewise be of service in gastric and serous apoplexy. In the two latter kinds, *Nux vom.* and *Digitalis* are principal remedies. *Carbo veg.* has been found very useful in sanguineous apoplexy.

*Aconite* is a remedy for every variety of apoplexy, particularly, however, when plethora and an excited circulation are striking phenomena, or when the nervous system is very much irritated.

A few doses of *Coffea* may be given when the patient is very sensitive, and, after return of consciousness, complains a good deal of intolerable pain.

The principal remedies for nervous apoplexy are: *Belladonna*, *Arnica*, *Coffea*, *Hyoscyamus*, *Stramonium*, *Iodium*, etc.; for sanguineous apoplexy: *Aconite*, *Ipec.*, *Nux vom.*, *Bellad.*, *Mercur.*, *Lauroc.*, *Opium*, etc.; for gastric apoplexy: *Nux v.*, *Bryon.*, *Ignat.*, *Ipec.*, *Ant. cr.*, *Tart. emet.*, *Puls.*, etc.; for serous apoplexy: *Arn.*, *Ipec.*, *Merc.*, *Opium*, etc.

*Belladonna* is useful in almost every form of apoplexy, except, perhaps, the gastric variety. It antidotes the apoplectic effects of *Merc.*, *Opium*, *Valerian*, *Sec. corn.*, and other substances. It deserves attention

when congestion of the chest and head is present. It is indicated by redness and congestion of the conjunctiva, by glistening eyes, dilated pupils, *muscæ volitantes*, diplopia, restlessness and tremour of the extremities, indisposition to move, lethargy, excessive nervousness and sensibility, sopor, stertorous breathing, jumping out of bed from anxiety, tendency to start, fearful, peevish, whining mood, insensibility, loss of consciousness, illusions of the senses and fancy, dullness of the head, vertigo, heaviness of the head, aching pain in the forehead as if the head would burst open, drawing, tearing and heat in the head, etc.

The symptoms of *Aconite* have been so frequently mentioned in this work, that it seems superfluous to reiterate them here.

*Coffea* is suitable for apoplexy of nervous individuals, caused by violent emotions. In sanguineous apoplexy it acts as a palliative, and requires to be succeeded very shortly by some other remedy of a more lasting effect. Its principal sphere is the nervous variety, in individuals affected with the following symptoms, in their healthy state: great nervousness, sad and whining mood, sleeplessness from excessive bodily and mental excitement, frequent flushes of heat in the face, dizziness and heaviness of the head, anxious restlessness in the whole body, tightness of the head with pain as if bruised, sensitiveness of hearing.

*Opium* corresponds to the symptoms which characterize the apoplexy of drunkards. It is a valuable medicine in apoplexy, for this reason: that the reactive power of the organism frequently sinks to such an extent, that the proper remedy cannot act upon the disease, on account of this apparent extinction of irritability. A single dose of *Opium* is frequently sufficient to restore the reactive power of the organism. It is indicated by the following symptoms: stupor, coma, with stertorous breathing and depressed lower jaw, the patient is roused with difficulty; on waking, he looks about senseless, and is unable to answer a single question; red, bloated face, moaning, constant mo-



tion of the lips as if to talk ; full, slow pulse, with oppressed, anxious breathing, and frequent breaking out of copious sweat, which is cold in the face ; on trying to raise the head, it falls back again immediately ; the temporal arteries throb visibly. All these are symptoms of sanguineous apoplexy, and it would seem as though *Opium* must be indicated by them. This is, however, not the case : for the same symptoms make their appearance, if the cerebral irritation and the pressure on the brain last a sufficient length of time ; in this way the physician is frequently led into error.

*Laurocerasus* is useful in apoplexy when the patient falls down suddenly without any precursory symptoms. It is a species of intoxication, as is sometimes observed after taking large doses of prussic acid. If a cure be possible in such a case, a few doses of *Laurocerasus* are frequently sufficient to restore the vital action. The improvement is indicated by a deep sleep, with stertorous breathing. The medicine has to be continued until the patient seems to slumber quietly. On waking from this slumber, the patient is sometimes not quite conscious of himself.

*Hyoscyamus*. The patient falls down suddenly, with a violent shriek, convulsive motions, followed by stertorous breathing. This attack is frequently characterized by precursory symptoms : languor and lassitude all over, transitory loss of consciousness, frequent disposition to sleep, which, if the patient should yield to it, ends in a continuous deep sleep, from which the patient frequently starts as if in affright ; during this sleep the pulse becomes remarkably small and feeble, and the whole body is covered with a profuse and cool sweat. The patient complains of frequent attacks of violent vertigo, as if he would fall down, illusions of sight, convulsive jerks in the brain ; the patient's features are distorted ; his face looks livid, and he has a sad and peevish mood.

*Stramontium* corresponds rather to the precursory stage, and to the after symptoms, which I do not deem it necessary to describe in this place.

*Arnica* is useful in apoplexy from mechanical injuries. It is now employed by even the most celebrated allœopathic surgeons for injuries of the head, without any one acknowledging his indebtedness to Hahnemann for this valuable medicine. *Arnica* corresponds principally to serous and sanguineous apoplexy, even if not of a traumatic nature. Persons with a sanguine temperament, red face, plethoric, and liable to flushes of heat, are more particularly benefited by *Arnica*.

The principal remedy for gastric apoplexy is *Ipecacuanha*, particularly when the stomach had been overloaded with pork and fat pastry, and the patient had indulged in nightly revelry. Precursory symptoms are: restless sleep, disturbed by frequent starting, irritable mood, ineffectual urging to vomit, and other gastric symptoms. After *Ipecac.*, *Pulsatilla*, *Nux vom.*, *Ignat.*, and the antimonial preparations are frequently indicated. The various forms of apoplexy being related to each other, *Ipec.* may therefore be employed in any of them.

*Merc. sol.* corresponds to every form of apoplexy. The excessive use of coffee and wine produces, besides many ailments which yield to *Nux v.*, *Arsen.*, etc. a variety of symptoms, very much resembling those of apoplexy; particularly congestions of the head, characterized by a distensive pain in the head, as if the head would be pressed open, or as if it would burst, accompanied with orgasmus, sanguinis, and throbbing, a condition which is frequently observed in plethoric persons; constant uneasiness and heaviness of the limbs, languor and lassitude, even from the least exertion; turgor of the vessels of the eye, with sudden and frequently recurring paroxysms of loss of sight, or blackness of sight with vertigo, obliging one to lie down; buzzing in the ears. *Belladonna* may be given before *Mercury*.

*Plumbum acet.* or *metallicum* seems to be an excellent remedy in apoplexy. I would recommend, however, to give first a dose of *Opium*, *Bellad.*, *Hyoscyamus*, or some other remedy, before administering *Plum-*

*bum*. This remedy corresponds to the following precursory symptoms: languor, lassitude and drowsiness, indolence, frequent attacks of loss of consciousness, feeble and slow pulse; at other times, a throbbing is perceived in the whole body, particularly in the neck and abdomen, with heat in the face, sensitiveness of the organs of sense, vertigo, dulness of the head.

*Veratrum* corresponds to coldness of the whole body sudden prostration and collapse of the body, distorted and protruded eyes, as in suffocated individuals, constant flow of saliva, loss of consciousness, disfigured and cold countenance, as of dead persons, flabby muscles, locked jaws, imperceptible breathing. Formerly I employed large quantities of *Coffea* by the mouth and anus, for such symptoms, and frequently succeeded in curing the patient; but I think *Veratrum* would have been more suitable. If these symptoms should have been produced by poisoning with veratrum, warm coffee, by the mouth and anus, would be the best antidote.

*Iodium* would prove the best remedy for orgasm of the blood, violent pulsations in the whole body, particularly in the larger vessels, disposition to hæmorrhage from various organs, quick, strong and full pulse, anguish and oppression, great nervousness, and phlegmatic temperament, etc.

The various forms of paralysis which sometimes remain after apoplexy, will be treated of in the following chapter.

In using the above mentioned remedies, it is perfectly proper to resort to mesmerism, for the purpose of calming the patient; local distress may sometimes be removed by laying on the hands, or by touching the place with the tips of one's fingers, supporting the mesmeric action by a strong and pure will.

### § 181. *Paralysis*.

Paralysis consists in a cessation or diminution of the two fundamental functions of the nervous system, sensation and motion, or of either of them. Paralysis may

be caused by real debility, or by some other external cause suppressing the nervous action, such as : fulness of the vessels, extravasation, foreign bodies, tumours, dislocation, ligatures ; spasmodic affections may likewise lead to paralysis. Paralysis may alternate with spasms, or be accompanied with spasms and pain. It may proceed both from the peripheral and the central nervous system.

What apoplexy is to the brain, paralysis is to single branches of the nervous system. In paralysis the cerebral functions remain, in themselves, undisturbed. It is easy to diagnose paralysis of an external organ. Paralysis of internal organs is inferred from the complete inability of the organ to perform its functions. Paralysis cannot take place suddenly, except during the incipient stage of apoplexy. Paralysis which sets in gradually, is preceded by precursory symptoms, such as : spasms, convulsions, pains in the affected parts ; frequent precursory symptoms are : creeping and tingling sensation, formication, going to sleep of the part, numbness, weakness and coldness, or sensation as if drops of cold water were flowing through the diseased part.

The setting-in of paralysis is characterized by a complete loss of motion and sensation (complete paralysis) ; or one only of the nervous functions, most frequently motion, is lost, (incomplete paralysis, paresis). Paralysis of one side of the body is called hemiplegia. In paraplegia the upper or lower, most frequently the lower extremities, are paralyzed. In transverse or cross-paralysis, one upper, and the opposite lower extremity, are paralyzed. Beside the above-mentioned precursory symptoms, which continue during the attack, we may mention a slow, feeble, small, soft pulse, discoloration of the affected part, diminution of animal heat, want of nutrition, gradual emaciation, tabes, or œdema.

Universal paralysis frequently sets in in apoplexy, and many other diseases, shortly before death. Partial paralysis derives its particular name from the or-

gan which is the seat of the disease. Hemiplegia, for instance, is characterized by a sunken countenance on the side affected, by stuttering speech, deafness and blindness on one side, oppression and heaviness in the chest on the affected side, constant rattling.

Paraplegia of the lower extremities is frequently accompanied with involuntary stool and discharges of urine, less frequently with the contrary condition.

Blepharoplegia, or paralysis of the eyelids, is either a paralysis of the upper eyelid (blepharoptosis), in which case the upper eyelid hangs down over the eye, and the patient is unable to raise it without assistance; or else the eye remains uncovered all the time, (lagophthalmus, oculus leporinus); the consequences of this paralysis are constant lachrymation, photophobia, frequent ophthalmia, occasioned by dust getting into the eyes.

Glossoplegia (paralysis of the tongue) is frequently a symptom and consequence of apoplexy, characterized by stuttering, inarticulate sounds, difficulty of moving the tongue, inability to chew, involuntary flow from the mouth of the saliva, and of the liquid which is introduced into the mouth.

Dysphagia paralytica (paralysis of the pharynx) frequently accompanies the former paralysis. The patient is unable to swallow, principally liquids; in attempting it, he is frequently exposed to the danger of suffocation.

Enuresis paralytica, and paralysis ani, have been mentioned under paraplegia.

§ 182. Post-mortem examinations do not reveal any great changes in the structure of the nerves; they very rarely appear decayed, dissolved or desiccated; in the neighbourhood of the nerves, various disorganizations, such as swollen and indurated glands, steatomata, indurations, scirrhus, etc., are frequently discovered.

*Etiology.* What has been said of the predisposition for apoplexy, that is likewise applicable to paralysis. Exciting causes are: strong emotions and passions, continuous violent pains, convulsions, nervous fevers,

poisoning by narcotic substances, lightning, disorganizations and injuries of the brain, spine and spinal marrow, dislocations, curvatures, ruptures and caries of the vertebral column, contusion, tearing and compression of single nerves by a ligature, or by some other mechanical cause, such as hard bodies situated in the neighbourhood of the nerve, suppression of exanthems, arthritis, rheuma, hysteria, pregnancy, gastric causes, worms.

*Prognosis.* This depends upon the exciting cause, and the facility of removing it. It is very unfavourable when the disease is caused by organic diseases of the brain and nerves; more favourable; on the contrary, when succeeding typhus or dysentery. It likewise depends upon the importance of the paralyzed organ; upon the duration of the malady; upon the constitution and age of the patient; upon the intensity and extent of the disease.

§ 183. The remedies which have been proposed for apoplexy, are likewise useful in the treatment of paralysis. I shall therefore omit repeating them here in detail, and shall confine myself to those remedies which were not mentioned in the chapter on apoplexy.

The success of the treatment depends a good deal upon the exciting cause, which the homœopathic physician should therefore endeavour to find out, particularly in recent cases, where the disease was caused, for instance, by the abuse of narcotic substances. For as long as they remain in the stomach or intestinal canal, they ought, in the first place, to be removed by vomiting, or an artificial evacuation. This end is most speedily and safely attained by large quantities of *coffee*, taken by the mouth and anus: the fauces may, at the same time, be tickled with a feather. Coffee antidotes a great many narcotic substances. If some of the effects of the narcotic poison should still remain, *Camphor* should be given as the next best antidote, the doses to be repeated at short intervals. I propose *Camphor* in case no more specific antidote should be indicated.

A paralysis which is occasioned by the inhalation of mercurial vapours\* and is accompanied with tremour of the paralyzed part, is best met by *Stramonium*, which requires to be repeated very frequently during the treatment. Next to *Stramonium* we have *Hep. sulph.*, *Sulph.*, *Nitr. ac.*, *Argent.*, *Cicut.*, *China* and *Staphys.* These remedies are generally sufficient to effect a cure. Other remedies may, however, be necessary.

Paralysis occasioned by the inhalation of the vapours of Arsenic, has likewise to be first treated with the antidotes of that poison. This kind of paralysis is accompanied with occasional paroxysms resembling fever and ague, which occur principally at night, and are very often accompanied with general prostration. The first remedy for that paralysis is *China*, to be repeated at suitable intervals. Next to *China* we have *Veratrum*, which is even preferable when the frequent paroxysms of debility and the general and sudden prostrations are exceedingly troublesome. *China* and *Verat.* are likewise suitable when the above symptoms are not present. In this case *Ipecac.* may perhaps deserve a preference; *Ferrum*, *Nux v.*, *Sambuc.*, *Graphit.* and *Hepar.* are likewise useful remedies.

If paralysis should have been occasioned by any other causes than the above named, the physician will have to prescribe in accordance with the symptoms. I will offer a few more observations about several remedies.

*Rhus tox.* It is well known that this remedy is one of our most valuable medicines for paralysis; but it is perhaps less well known that *Rhus* is the best remedy for paralysis caused by nervous fevers and typhus.

*Stannum* is the principal remedy for paralysis of one side, particularly the left, if the patient complain of a heavy weight in the arm and side of the chest, and suffer with night-sweats. This remedy may have to be succeeded by others, if the paralysis should not entirely disappear under its influence; afterwards it

\* As occurs frequently among looking-glass makers.

may occasionally be resorted to again during the treatment.

*Causticum*, when the affected part trembles on rising from one's seat, the trembling ceasing again on sitting down.

*Cicuta* is likewise indicated by those symptoms, particularly when the lower extremities are periodically attacked with paroxysms of crampy pains, leaving a trembling behind.

*Oleander* is recommended for painless paralysis.

In paralysis arising from suppressed discharges of blood, the action of the proper remedies should be supported by foot-baths of salt and ashes, tepid sitz-baths, warm oat-meal, or flaxseed-poultices to the soles of the feet.

Paralysis occasioned by the suppression of habitual sweat on the feet by exposing them to humidity, is best met by *Rhus t.*, *Colch.*, *Mercur.*, *Zinc.*; *Nux v.*, *Dulc.*, *Bryon.*, are the best remedies for paralysis arising from a general cold. Paralysis arising from external injuries yields to *Arnica*, *Calendula*, *Cicut.*, *Con.*, *Plat.*

§ 184. In this paragraph I will endeavour to describe the symptoms of various particular forms of paralysis which have yielded to specific remedies.

*Rhus t.* has been successfully administered for paralysis of the lower extremities characterized by a sensation of numbness and insensibility. This remedy is likewise indicated by cramp and a sensation as if single tendons were shortened, symptoms which evidently depend upon a diminution of the nervous action; likewise by a sensation as if bruised and sprained, on one side; by a distressing uneasiness wandering about in single limbs during rest, and relieved only on increased motion. This distress leaves a kind of lameness in the part, increasing with that distress, and distinctly pointing to ultimate paralysis. The principal symptoms of *Rhus* are: lameness in all the extremities and joints, with stiffness, worse on rising



after having been seated a long time; paralysis of one side or of the lower extremities, with dragging, slow, difficult walking. *Rhus t.* is therefore an excellent remedy for hemiplegia and paraplegia, for enuresis paralytica, and paralysis of the rectum, provided the other symptoms correspond, and, in such a case, likewise for blepharoplegia and dysphagia paralytica.

I have cured, with *Cocculus*, several cases of paralysis of the lower extremities, proceeding from the small of the back, and arising from cold. Some of the patients complained of great itching of the skin at night, with small red pimples on the skin in the day-time; most of the patients had œdomatous feet and an irritable nervous system. *Cocculus* corresponds likewise to hemiplegia, particularly of the left side, with a sensation of coldness in the affected part; and to paralysis of the right upper and lower extremity, with numbness as if gone to sleep; also to dysphagia paralytica, provided the symptoms correspond.

*Causticum* has been rejected by a number of homœopathic physicians, who declare it a useless agent. I have used it successfully in partial paralysis occasioned by a cold current of air, and in hemiplegia from suppressed itch or some other cutaneous eruption, with numbness, deadness, and coldness of the affected part, especially the head and foot. It is a valuable remedy for paralysis remaining after apoplexy and characterized by weakness of the arms and a dragging, vacillating gait, sometimes accompanied with frequent rush of blood to the head and anxiety, also vertigo, dulness, and tightness of the head. I have used *Causticum* with success in paralysis of one side of the face from cold, extending from the forehead to the chin. I have never been able to cure paralysis of the tongue with stuttering, hissing, indistinct speech, with *Causticum* alone, but had always to resort to *Stramonium*, *Dulcam.*, and *Acid. mur.* It renders good service in enuresis paralytica.

*Oleander.* All I can say about this agent is, that it

has removed several cases of painless paralysis of the upper and lower extremities, with coldness of the former. The paralytic attack was preceded for a long time by frequent attacks of violent vertigo.

*Secale cornutum*. It is well known that paroxysms of cramps, when frequently recurring in the same limb, leave lameness and even complete paralysis. *Secale* corresponds to this condition. If the lower extremities are attacked, stool and urine are frequently passed involuntarily, and the paralyzed limbs emaciate rapidly.

*Cuprum* is useful for paralysis remaining after an attack of Asiatic cholera, nervous or typhus-fever, or apoplexy, particularly when the following symptoms are present: sensation as if the blood were rushing to the chest, accompanied, when lasting a long time, with violent palpitation of the heart, and with a slow, feeble, and small pulse: the eyelids close frequently and twitch; on opening the lids, the eyeballs seem to wander, as is observed soon after the removal of apoplexy; the faculty to open the eyes returns after the return of consciousness.

*Plumbum* corresponds to paralysis remaining after apoplexy, and very particularly to paralysis characterized by loss of sensation, and great and sudden emaciation of the paralyzed part; also to paralysis of the arms, with pain, dryness and death-like paleness of the skin, which is constantly cold; also to hemiplegia and to periodical paroxysms of paralysis.

*Zincum*. I have employed it empirically in paralysis of single parts, hemiplegia, paralysis of the lower limbs, feet, upper eyelids.

*Stannum*. This remedy is valuable only in cases of paralysis complicated with psora. I have used it successfully in paralysis of the left arm and foot caused by fright. It is useful only in paralysis of single extremities.

*Kali carbonicum* is useful when the paralysis came on gradually and was caused by taking cold without the patient knowing it, particularly when the pa-

tient's skin inclines to perspiration, though he complains of dryness. I used this remedy in the case of a patient who had complained for a long time previous of frequent paroxysms of vertigo in the open air, accompanied with a tottering gait as if intoxicated, which, afterwards, lasted much longer than the attack of vertigo, and finally terminated in complete paralysis of the lower limbs; two or three years after, the upper limbs became likewise paralyzed. In this case I employed *Kali*, but without success, nor was the patient cured by other remedies.\*

*Natrum muriaticum* corresponds to paralysis caused by sexual debauchery and onanism, and proceeding from the cauda equina; also to paralysis caused by violent passion, anger or chagrin. This agent is valuable for nocturnal pains which, though depending upon some apparently insignificant cutaneous irritation, arrest the free use of the affected part leading to momentary paralysis and even hemiplegia, which becomes permanent after several paroxysms, and occasions involuntary discharges of stool and urine. The symptoms of *Natrum* pointing to paralysis, are: sensation as if the extremities would go to sleep; stiffness and cracking in the joints; shortening of tendons; indolence, indisposition to work; languor; incipient amaurosis; lameness of the small of the back, with tightness and sensation as if bruised; lameness and heaviness of the extremities, with numbness and deadness.

*Sulphur* corresponds to paralysis of the lower extremities, and to paralysis arising from suppressed eruptions. Sometimes we are unable to ascertain the cause of paralysis; in this case we may commence the treatment with *Sulphur*, which frequently reproduces old pains that the patient had forgot, and will prove of essential service to the practitioner in the

\* Did Dr. Hartmann make use of *Aconite*, not one or two doses, but systematically for weeks? How strange it is that *Aconite*, which is the sovereign remedy for almost every species of paralysis, should be so little used by physicians!—*Hempel*.

selection of adequate remedies. It may be occasionally repeated during the treatment for the purpose of restoring the susceptibility of the organism to other agents.

*Strontian* is said to have been successfully used in paralysis of the lower limbs and right side.

*Argilla* has been found useful in paralysis of the arm and hand.

*Anacardium* has rendered some service in paralysis of the lower limbs remaining after apoplexy.

*Baryta carbonica* is one of the most valuable remedies for paralysis after apoplexy, and particularly for paralysis of old people, preceded for a long time by a feeling of instability in the whole body, sudden giving way of the knees and pain in the lumbar-vertebræ. Glossoplégia can scarcely ever be cured without *Baryta*, which is considered a panacea for old people.

*Dulcamara*, alternated with *Sulphur*, is an excellent remedy for paralysis arising from a cold, or from dampness, and from suppressed itch and terpes. It cures paralysis of the arm with icy coldness, as if occasioned by apoplexy; paralysis of the upper and lower extremities, tongue, urinary bladder.

*Colchicum autumnale* corresponds to paralysis from exposure to wet, or from sudden suppression of the perspiration on the skin, or of habitual foot-sweat. The *Colchicum*-symptoms pointing to paralysis, are: drawing-jerking, stitching-tearing pains in single muscles and in the periosteum, with lameness or paralysis; painful lameness of the knee-joints, with sudden prostration, &c.

All the remedies recommended for apoplexy, may likewise prove useful in paralysis, beside the following: *Phosphorus*, *Verat.*, *Staphys.*, *Silic.*, *Sep.*, *Carb. veg.*, *Angust.*, *Arsen.*

*Guaco* proved useful in two cases of paralysis of the lower extremities from cold.

For incontinence of urine we may use: *Magnes. aust.*, *Bellad.*, *Acon.*, *Dulc.*, *Lauroc.*, *Canth.*, *Stann.*,

*Lycop.*, *Magnes. carb.*, *Natrum mur.* ;\*—for paralysis of the feet: *Sulph.*, *Nux vom.*, *Zinc.*, *Cocculus*, *Therm. Tepliz* ;—for paralysis of the eyelids: *Stramon.*, *Chamom.*, *Spigel.*, *Verat.*, *Bellad.*, *Sepia*, *Zinc.* ;—for paralysis of diseased parts: *Plumb.*, *Colch.*, *Natr. mur.* ;—for paralysis of the tongue: *Stramon.*, *Dulcam.*, *Opium*, *Acid. mur.*, *Baryt. carb.*

## EIGHTEENTH CLASS.

### § 185. *Neuralgic affections.*

They are affections of the sensitive sphere. The old physicians called them spasmodic affections. Their physiological character is made up of the following facts:

1. They are seated in the peripheral system of nerves; we have cerebral, spinal and ganglionic neuralgiæ.
2. Every neuralgia consists of a series of paroxysms of different durations, separated by irregular intervals of ease.
3. The pain varies: it is tearing, stitching, burning, etc. In neuralgiæ of the central nerves the pain is directed from within, outwards; in those of the ganglionic nerves it runs from the periphery towards the centre.
4. The volume of the affected organ decreases.
5. The temperature of the organ decreases.
6. Discoloration takes place, the affected part becomes paler. The urine becomes paler, losing its characteristic pigment. Another characteristic phenomenon is the spastic pulse; the artery becomes

\* Also *Sulphur*. I used it in the case of a boy, who had to urinate every half hour during the day, and wetted his bed every night; he had to sleep on a hard board and in a sitting posture; on urinating, the urethra swelled up to a bag of the size of a walnut, blue-coloured; before the bag appeared, the urine seemed to be arrested in its course by a valve, which caused great pain. The patient had been treated allopathically for months, getting worse all the time. After the first dose of *Sulphur* 1st., the patient ceased to wet his bed; the whole cure was completed by means of eight doses of *Sulphur*. The patient has been perfectly well for more than a year past.—*Hempel*.

thinner, and contracted, in proportion as the volume of the affected part decreases; the current of blood is much smaller, it rushes along with much less force, though not always with less rapidity.

*Etiology*: Prosopalgia is more frequent among people of a certain age, than previous to pubescence: abdominal spasms appear at every age, but of different forms. Females are more liable to neuralgia than males. One attack predisposes for other similar attacks, and other forms of neuralgia.

The principal causes of neuralgia are: change of temperature, sudden transition from warmth to cold, causing a rheumatic or inflammatory affection, which, though apparently not neuralgic, yet shows a remarkable tendency to periodicity; irritation of the nerve by some mechanical cause, a foreign body, ball, splinter, exostosis, etc.; calcined metals, lead, copper, etc.

The violence of the attack seems to depend in some measure upon the time of day, or the period of the year, when it takes place.

*Prognosis*. Neuralgic affections are not always very dangerous, though they require a proper appreciation on the part of the practitioner. If an important vital organ should be affected, the prognosis is much less dangerous than in the opposite case: acute neuralgiæ are more dangerous, though also more curable, than chronic; the most dangerous neuralgiæ are those that depend upon internal irritating causes, which cannot be removed; those that depend upon atmospheric causes, are much more easily cured; neuralgiæ complicated with other pathological states, are not so easily cured; recent neuralgiæ are much more easily cured than neuralgiæ of long duration, where symptoms of paralysis have already supervened; the more violent and frequent the paroxysms, the more unfavourable the prognosis (Schœnlein).

Before describing the treatment of neuralgic affections, it may be proper to speak more in detail of the causes which occasion the attack, and of the diet to be pursued during the treatment. Neuralgiæ are very

frequently incidental to particular seasons, appear at a time when epidemic fevers generally prevail, and therefore require to be guarded against in the same manner as the fevers, such as: avoiding to take cold, to be wet through, to lie on the cold floor, or to expose the bare body, or single parts only, to the cold night air; or to drink much cold, bad or marshy water, or to eat sour fruit containing a good deal of water. Simple, easily digested food, is the best nourishment.

Some attacks yield to dietetic measures. Neuralgiæ, depending upon a mechanical cause, demand surgical aid, though *Arnica*, *Calendula*, *Conium*, *Platina*, *Dulcam.*, *Ruta*, etc., may likewise be employed. If caused by a cold, or by getting wet through, etc., the attack is sometimes arrested in its incipency by the use of *Dulcamara*, *Colchicum*, *Rhus t.*, *Chamom.*, *Colocynth.*, *Ignat.*, etc. If caused by some gastric derangement, the proper remedies will be found in the paragraph on gastroataxia; likewise, the remedies for fright, (especially *Sec. corn.*, *Stram.*) chagrin, fear, indignation. If the attack should have occurred frequently, and should come on again by simply touching the diseased part, the following remedies will remove it, and if properly and carefully administered, will frequently cure the whole disease: *China*, *Stram.*, *Arsen.*, *Coccul*, *Bellad.*, etc. If the affection is easily excited by touching an ulcer on the finger, *Cocculus* is the best remedy to remove the pain. If caused by swallowing a liquid, *Hyoscyamus*, *Bellad.*, *Stramon.*, *Canthar*, are the best remedies; if caused by noise, or tepid water, *Angustura* should be resorted to; if caused by moving or using the diseased part, try *Cocculus*; and if the glare of the light have excited the attack, give *Bellad.* or *Stramonium*. *Camphora* antidotes the neuralgic effects of the grains of *Cocculus*, and *Stramonium* those of the vapours of Mercury. Neuralgiæ, caused by worms, require *Ignat.*, *Marum. verum*, *Mercur.*, *Valeriana*, *Hyoscyam.*, *Cicuta*, etc.

## CEREBRAL NEURALGIÆ.

§ 186. *Prosopalgia, dolor faciei Fothergilli, neuralgia facialis.*

The disease occurs in paroxysms, at irregular intervals; the attack is sometimes preceded by oppressive anxiety, itching or feeling of coldness in the part to be attacked, formication and trembling of the eyelids, tension in the palate and nose, numbness of the tongue, etc. At first the pain is inconsiderable, like a mere prick, or a common toothache, but gradually it becomes more violent and piercing; the pain is lancinating or tearing, dragging or pressing, beating, boring, frequently accompanied with a sensation as if the face would be cut or sawed to pieces. The pains either follow the course of the different branches of one side of the trigeminus (more frequently on the right than left side of the face), or exclusively one or the other branch of the nerve. If the pain be seated in the supraorbital branch, it generally commences at the foramen supraorbitale, shooting to the eyebrows, forehead, eyelids, and frequently, deep into the orbits; if the infraorbital branch should be the seat of the affection, the pain spreads over the cheek, upper lip, lower eyelid, radiating to the teeth, palate, and tongue. A neuralgia of the inframaxillary branch extends to the lips, alveolar processes, teeth, to the soft parts under the chin, and the side of the tongue. Frequently the pain seems to follow the ramifications of the pes anserinus, spreading even to the temporal region; least frequently the pain is seated in the lingual branch, and most frequently in the superior maxillary and frontal nerves.

Reflex phenomena, in the motor nerves, are scarcely ever wanting; for instance: the muscles of the affected side of the face twitch involuntarily, the eyebrows are knit, and the eyelids close spasmodically, the corner of the mouth is drawn towards the ear, and the spasm extends even to the respiratory muscles; the contractions exhibit the forms of oscillating movements,



or of clonic spasms, or they are tonic, and of the nature of trismus; the jaws are locked, as in tetanus, during the attack. The vasomotoric nervous fibres are likewise affected; this is to be inferred from the redness, puffiness, and sometimes from the paleness and blueness of the affected side of the face, during the paroxysms; sometimes the cheek becomes œdematous and collapses again afterwards; the arteries of the affected side pulsate more strongly, and the veins swell. If the ophthalmic branch be the seat of the affection, the conjunctiva becomes red, and a profuse lachrymation takes place during the paroxysm; in neuralgia of the maxillary branches, a more copious secretion of saliva takes place.

The attack ends either gradually or suddenly; the more violent the attack, the shorter its duration, sometimes only a few minutes, rarely longer than a quarter of an hour. The intervals between the paroxysms may last for hours, days, weeks, months, and even longer; during these intervals the pains generally cease entirely; but if the affection should have lasted for years, indications of pain are always present. At first the paroxysms are rare, but become more and more frequent the longer they last. Paroxysms occur very seldom at night, hence sleep remains generally undisturbed.

The affected nerves are sometimes so sensitive that the paroxysm is excited by the least emotion, contact, pressure, exposure to cold air, motion of the facial muscles by talking, chewing, yawning, sneezing, or even by merely thinking of the attack. Amusement sometimes keeps the paroxysm off for a time (*Cannstatt*).

*Etiology*: Prosopalgia is hereditary the same as any other species of neurosis. This affection is most frequent among females of the age of 40; it occurs rarely among younger persons, and never among children.\*) Constitutional nervous irritation predis-

\* This is a mistake. I have treated a girl of 10 years for prosopalgia; the paroxysms occurred at night, and were truly dreadful.—*Hempel*.

poses for neuralgia ; this kind of irritation is met with among unmarried persons, or married persons without children, or it may be the consequence of chlorosis, hysteria, hypochondria, loss of animal fluids, frequent emotions, chagrin, grief, care, etc.

Local hurtful influences are: wounds, contusions, splinters, foreign bodies, abuse of washes and other substances for beautifying the face, ulcers and disorganizations, affections of the teeth and abdominal organs, metastasis, suppressed chronic eruptions, itch, herpes, suppression of habitual discharges of blood, arthritis, carcinomatous dyscrasia, psoric or syphilitic dyscrasia, etc.

The disease is not very dangerous, but the cure is generally very slow. It depends upon the age of the patient and upon the duration of the disease, upon the manner in which it originated ; rheumatic and intermittent prosopalgia is more easily cured than gastric, and this more easily than impetiginous, arthritic and cachectic prosopalgia ; prosopalgia occasioned by organic alterations of the nerves, brain, bones, is exceedingly doubtful ; likewise when the attacks succeed each other very rapidly. The prognosis depends likewise upon the circumstances of the patient : tranquillity of mind, absence of care, a confident, quiet mood ; intellectual amusements facilitate the cure very much.

§ 187. *Treatment.* The homœopathic treatment of prosopalgia, in order to be successful, has to be based upon an accurate knowledge of the physiological nature of the disease, and, if this knowledge cannot be obtained, then the treatment must be instituted in accordance with the symptoms.

For inflammatory prosopalgia (of the fifth nerve) *Aconite* is the best remedy ; the pain is continuously throbbing and stitching, not only in the nerve, but also in the surrounding muscular parts, with swelling, alternate heat and chilliness, etc. Rheumatic prosopalgia with swelling, always requires *Aconite* ; the pain is intolerable, burning, tingling-stitching, ap-

pearing in paroxysms, accompanied with great nervousness, as if occasioned by some internal ulcer. The medicine has to be repeated.

*Belladonna* is indicated in inflammatory and nervous prosopalgia by paroxysms of long duration, commencing with a troublesome itching and titillation in the affected part, which changes to a violent lancinating pain, or to an aching, crampy, tearing, drawing pain in the malar and nasal bones; the pain is always seated on one side; frequently the pain follows the course of the infra-orbital nerve, when it changes to an intolerable violent cutting pain; it is frequently accompanied with an increased secretion of tears and saliva. *Belladonna* is likewise useful for stitching and tensive pains, accompanied with a spasmodic closing of the jaws and painful stiffness of the neck.

One of the most valuable remedies for stitching pains with pressure, or for fine-beating pains in the right malar bone and right side of the nose, is *China*, particularly when the pain is aggravated by contact, or when the pain is excited by touching the diseased part and then increases to a frightful degree. The nervous and rheumatic neuralgic pains, the stitching pains in the malar bone which disappear by pressure, the tearing with pressure and the cutting burning in the upper jaw, belong to the curative sphere of *China*.

*Veratrum* is closely related to *China*; the pain is drawing and tensive, spreading over the right half of the face as if the parts would be compressed or pressed into, recurring in paroxysms; the patient is slightly delirious, and the part swells after the cessation of the paroxysm.

*Arsenic* did me good service when the pain, only on one side, was seated around the eyes, more below than above, sometimes extending over the temporal region; the pain was burning or drawing-stitching, as from a multitude of red-hot needles; the whole face assumed an expression approaching to the hippocratic countenance, disappearing with the attack. *Arsenic*

is likewise useful for intermittent prosopalgia, characterized by a violent stitching pain deep in the right eye, aggravated by motion; also for prosopalgia commencing with a tearing-darting pain in the teeth which rouses the patient from sleep before midnight, extending to the right temple and right side of the face and driving the patient to despair; the pain abates in a few hours and sometimes only towards morning.

I have used *Capsicum* when the patient was unable to state whether the pain was seated in the bones, muscles, or nerves, or in all these parts together; the pains were excited by contact, they were fine pains penetrating the nerves, or a tearing-burning stitching in the right malar bone; the pains were particularly acute on going to sleep, and were aggravated by contact.

I have frequently cured prosopalgia with *verbascum*, 1st att., when all other remedies failed. The pain is an intensely painful aching, sometimes interrupted by a violent stitching.

*Digitalis purpurea* is indicated by a crampy, or laming-drawing pain in the malar bone, preceded by a corrosive itching of the cheek; the crampy pain is characteristic.

*Mexereum* is indicated by a crampy, stupifying pressure in the malar bone, spreading over the neighbouring parts and frequently terminating in tearing. The attacks are almost always accompanied by chilliness and shuddering.

*Staphysagria* was found useful in a case of 15 years' standing; flashing stitches darted through the affected side of the face, leaving behind a dull aching pain. The nightly sleep became quite good. It is absolutely necessary to repeat the dose, and to alternate with some other remedy.

*Aurum* is suitable for a syphilitic dyscrasia; the senses are morbidly sensitive; the patient dreads the pain, and excites it by merely thinking of it. The pain

is tearing and stitching, in the soft parts and the malar bones ; it is sometimes accompanied with tension.

*Spigelia* is a valuable remedy for intermittent and nervous prosopalgia, and for prosopalgia seated deep in the orbits, imparting to the eyeball a sensation as if it were too large ; this sensation is especially felt during a motion of the eyeball and the facial muscles, and is accompanied with an intensely painful pressure and a digging-stitching in the ball. The prosopalgia, properly so-called, is characterized by pressure and burning, particularly in the malar bones ; the pain does not bear the least motion or contact, is always felt on one side only, and is accompanied with anguish about the heart and great uneasiness.

*Stannum* is indicated by aching-drawing pains in the malar bone and along the orbital margin of the right eye ; they commence very slight, increase and decrease again gradually, disappear during walking, but re-appear again during rest if the paroxysm should not yet have run its natural course. An aching-gnawing or cutting pain on the left side is almost always accompanied with swelling of the cheek.

*Hepar sulphuris* is useful for a drawing-tearing pain extending from the cheeks to the ears and temples, aggravated by contact, caused by former severe affections, in cachectic individuals.

*Colocyath* removes prosopalgia caused by internal mortification and chagrin ; the pain is tearing and tense, or burning and stitching, in the left side of the face, with swelling, redness and heat of the cheek.\*

*Conium* is valuable for a flashing-tearing pain in the right half of the face, recurring every two to five minutes ; or for a stitching pain in the right cheek, in front of the ear, sometimes accompanied with tearing. These pains are sometimes preceded by a corrosive itching on the part to be attacked.

*Kali carbonicum* corresponds to a drawing-tearing, the drawing being sometimes accompanied with pres-

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\* See the valuable clinical remarks in Hempel's Jahr.

sure in the cheek ; the tearing, almost always seated in the left malar bone, generally appears at night, is accompanied with swelling of the cheek, sleeplessness, and extorts tears from the patient.

*Thuja* is suitable for females at the critical age, and corresponds to crampy pains in the right cheek during rest ; darting and stitching pains in the malar muscles, only while walking in the open air ; boring pain in left malar bone diminished by contact, or digging and jerking pains ; gnawing and boring pain in the left upper jaw, or tearing pain striking in the direction of the eye ; all these pains leave behind them a stiffness in the muscles of deglutition and a pain in the articulation of the jaws.

Beside the above-mentioned remedies, we may mention *Arnica*, *Ferrum*, *Nux v. Bryon.*, *Ruta*, *Phosphor.*, *Sepia*, *Lycop.*, *Ledum*, *Clematis*, *Baryt. carb.*, *Calc.*, and above all, *Sulphur* and *Causticum*.

§ 188. I take the liberty of here offering a few remarks on

#### CANCER OF THE FACE, LIPS, CHEEKS, NOSE AND TONGUE.

Generally it is the lower lip that is attacked, whence the disease spreads ; but it may likewise first break out in any other of the above-mentioned parts, and thence extends farther. It develops itself out of a scurfy or ulcerated spot, which gradually spreads and gives rise to fungous excrescences, etc. ; or a portion of the lip becomes hard and swollen, assuming an ill-shapen form, which enlarges, pains violently, and breaks. The cancer gradually involves the skin of the chin, the mucous membrane of the mouth, the gums and submaxillary glands, destroying the whole lip and the bones. Ulcers of the lips frequently become malignant without being cancerous, especially syphilitic ulcers.

Cancer of the tongue generally commences with a hard, circumscribed swelling on one or the other side

of the tongue ; lancinating pains are experienced ; the swelling breaks, spreading rapidly. Ulcers in the spongy tissue of the tongue frequently become obstinate, or are rendered obstinate by being constantly moistened with saliva, or irritated by pointed and decayed teeth.—The papillæ frequently become hypertrophied, forming spongy excrescences.—Syphilitic ulcers of the tongue frequently degenerate to cancerous ulcers.

Every cancer, including cancer of the tongue, depends upon a peculiar, specific disposition of the organism, which may be hereditary. Cancer may be caused by a blow or contusion ; by treating an ulcer, an induration or excrescence of the face, lips or nose with irritating substances externally ; by scrofula and syphilis ; suppression of habitual secretions, etc.

*Prognosis* : This is not very favourable, although many cases are said to have been cured. The more extensive the cancer and the more enfeebled the constitution, the more unfavourable the prognosis ; this is likewise the case when the cancer re-appears again after an operation. The knife should never be resorted to in the treatment of cancer ; an operation is not only useless, but inflicts unnecessary tortures upon the patient, and, generally speaking, hastens his end.

§ 189. For cancers of the face, the first remedy is *Arsenic* ; not Fowler's solution, but the pure *Arsenic*. The pathogenetic effects of *Arsenic* which point to cancer, are : Burning swelling in the nose, with pain to contact ; tumour in the nose ; ulceration of the nostrils, high up, with discharge of fetid ichor ;—ulcers in the whole face ; wart-shaped ulcer on the cheek ; dry, cracked lips, brown streak in the lips, as if burnt ; bleeding of the lower lip ; ulcerated eruption around the lips ; cancer-like eruption on the lower lip, with thick crust, hard, pad-shaped edges, with burning pain, particularly when the parts become cold, and with a lardaceous bottom ; spreading ulcer on the lip, painful in the evening, when in bed, with tearing and smarting in the day-time during motion, which is worst when touching the ulcer and in the open air,

disturbing the night's rest;—corrosion of the edge of the tongue, in front, with smarting; the tongue is blackish, cracked.—*Arsenic* may sometimes require some other medicine with it, but it is undoubtedly the most valuable agent when the cancerous dyscrasia has tainted the organism; it is the sovereign remedy for cancer of the nose, tongue and alveolæ.

*Clematis* being a remedy for the effects from abuse of mercury, such as indurations, even when of a schirrous nature, it will be found useful for syphilitico-mercurial ulcers on the lips when becoming carcinomatous; it may likewise prove useful in alveolar cancer when characterized by a drawing-jerking and burning-stitching in the edges of the ulcer on touching the affected part; these sensations spread over the whole side of the face as far as the eye and ear.

*Aurum met.* is preferable to *clematis* when the cancer of the lip, nose or alveolæ, grows out of a syphilitic or syphilitico-mercurial soil; the scrofulous diathesis is not excluded from the sphere of this agent. *Aurum* may likewise prove useful for cancer generally. It is preferable to many other remedies when not only the soft parts, but also the bones, are affected. In this case *Aurum muriaticum* is preferable to the metallic gold; for the muriatic acid is not without its use in the treatment of cancer of the face, especially of the tongue, where I have employed it in alternation with *Arsenic*, guided by these symptoms: the tongue feels heavy and elongated, so that he is unable to move it, with great dryness in the mouth and fauces; painful blister on the tongue, with burning; deep ulcer on the tongue, with black bottom and inverted edges.—*Mercurius* may be of service if the bones have already become affected; likewise *Nitric acid*, particularly when the ulcers bleed profusely, with stinging and burning; even *Asa.* may be serviceable when the edges of the ulcer are hard, bluish, and sensitive to contact.

*Conium* has been employed with success in carcinomatous affections arising from contusion or shocks;



it is indicated by a scrofulous diathesis and spreading ulcers in the face and on the lips, which look blackish and discharge a bloody, fetid ichor.

As regards *Carbo anim.*, I am unable to state what symptoms have led homœopathic physicians to its use in cancer of the face; it must have been employed empirically.

*Calcarea carbon.* occasions polypi in the nose, which easily degenerate into carcinoma, particularly when an inherent dyscrasia pre-exists. Pimples, scurfs, ulcers high up in the nostrils, accompanied with swelling, may, by their long duration, lead to cancer, which would therefore require *Calcarea*. The same remarks apply to the lips.

*Silicea*. Hahnemann knew that the silex contained in mineral waters, is the curative principle in the treatment of chronic diseases, and therefore took the trouble of proving it upon the healthy. The results of his provings were exceedingly rich. The symptoms which point to the use of *Silicea* in carcinoma of the face, are: erysipelatous blotches, lymphatic and suppurating glandular swellings, scirrhus indurations, putrid, spreading ulcers, particularly when arising from abuse of Mercury, with penetrating odour; ulcers with boring and stitching pains and pains as if from concealed pus; fungus hæmatodes in the eyes (in conjunction with *Calc.*, *Sepia*, *Lycop.*, *Thuja*), scurfs and ulcers in the nose, the cracked skin and schirrous indurations in the face and on the upper lip; smarting scurfs on the margin of the upper lip; painful, spongy and carcinomatous ulcers on the lower lip.

*Sulphur* is considered by some an excellent remedy for cancer of the face. It is certainly useful as an intermediate remedy, and revives the receptivity of the organism when this seems unwilling to accept the influence of the proper specific agent. Even when carcinoma of the face seems to have arisen from suppression of some cutaneous eruption, I would use *Sulphur* only in the manner suggested.

*Sepia* may be given in cancer of the nose, when the patient complains of a violent burning pain in the large scurfs; beneath the scurfs, which keep spreading and thickening all the time, a corrosive ichor is constantly oozing out, essentially favouring the spreading of the cancer. The general organism soon suffers sympathetically; we may infer this from the paroxysms of feverish heat and chilliness which recur several times during the day. The disposition of the patient is likewise to be considered; *Sepia* is indicated by sad fancies, apprehensions about one's health, fearfulness inducing a hurried pulse and hurried breathing, as if the breath would give out.

*Antimonium crudum* may be considered of value in cancer of the face. I used it successfully, until a cure was completed, for a horny excrescence under the lower lip; the horn fell off every eighth day, after which it grew again; after falling off, the surface of the stump, which kept increasing, looked raw like raw flesh; the fleshy papillæ looked like the papillæ on the tongue; a viscid humour oozed out of every single papilla. If the scurf to which the thickening of the humour gave rise, remained for more than eight days, the humour then oozed out between the scurf and the horn which now developed itself in breadth. The horn was painless, except when knocked against, in which case it bled. I gave one dose of the third trituration every day, and covered it moreover with a little plaster of antimonial butter.

A similar horny excrescence was cured by means of *Ranunculus bulb.* The excrescence was seated on the forehead, somewhat painful; the patient complained frequently of a burning itching in the excrescence; the scurf formed more rapidly than in the former. After falling off, the stump resembled a deep-eating ulcer with sharp edges. I used *Ant. crud.* for several weeks without success. *Ranunc.*, 6th att., morning and evening, and applying the first externally, effected a cure in a few weeks.

*Acidum nitri* has been employed by me not only in carcinomatous ulcers arising from a syphilitico-mercurial origin, but also in strawberry-shaped or other fleshy growths in the face, spreading rapidly. The remedy was used internally high, and externally low. Not in every case had the excrescence a syphilitic origin.

§ 190. *Noma, cancer aquaticus.*

This morbid process in the mucous membrane of the mouth is similar to the pustula maligna on the skin. Symptoms of constitutional illness are not at first perceived; a whitish, reddish and frequently blackish pustule or blister shoots suddenly up in the mouth, forming a scurf; the surrounding cellular tissue is swollen, hard, though painless, not red nor very white either; cheeks, lips and eyelids are generally œdematous; the skin is pale, livid, feels like wax, shines like grease; the parotid and cervical glands soon become affected. The blister soon breaks, discharging a blackish ichor and assuming a livid colour; the parts around, to a considerable extent, change very rapidly to a gray, ash-coloured, or black papescent scurf, or to a putrid discoloured papescent mass, in which the mucous membrane and other soft parts are contained in a state of dissolution. The destruction generally commences in the middle of the cheek or at the corners of the mouth, attacks not only the soft parts, but also the bones and teeth, and extends even to the orbits and forehead, neck and chest. The ulcer is irregular, shaggy, insensible, and discharges a thin, bloody ichor with a cadaverous odour; the edges of the ulcer are hard, indented, black as coal, surrounded by a dark shining redness; the parts which slough off do not bleed. In from three to eight days the cheeks, lips and eyelids may become transformed to a soft, putrid mass.—Afterwards fever and symptoms of constitutional suffering set in; the breathing becomes oppressed, the pulse small and frequent, colliquative diarrhœa sets in, etc.—If we succeed in ar-

resting the destruction, the gangrenous parts are separate from the sound parts by a border of an intense, vivid redness, the odour disappears, laudable pus is secreted instead of the ichor, and healthy granulations shoot up from the ulcerated surface.

Noma affects almost exclusively children from the second to the tenth year, rarely full-grown people, and infants at the breast very rarely. The patients are generally unhealthy, scrofulous, delicate children with blond hair, brought up on bad food, in bad air, in foundling or almshouses, orphan asylums, etc. Sometimes the disease sets in as a sequel to measles, scarlatina, smallpox, whooping-cough, dysentery, typhoid or intermittent fevers. The disease is not epidemic, and is very rare.

Generally speaking, the disease terminates fatally.

I have never treated a case of this disease, and what I offer about the treatment is therefore purely theoretical.

I recommend *Secale cornutum* as the specific for this disease. Its destructive action seems to be similar to that of noma. We know from post-mortem examinations that it produces gangrene of the stomach, lungs and other viscera; that the heart and lungs are generally pale, flabby and deprived of blood. Gross recommended *Anthracin* in case *Secale* should have proved fruitless. Others recommend *Corrosive sublimate*, and some again *Helleborus niger*, though the eruption which this substance produces in the mouth, seems to be aphthous rather than any thing else.

*Iodium* has the following symptoms: Ulcer on the left cheek with hard tubercle, and swelling of the surrounding glands; vesicles in the mouth with increased secretion of fetid saliva and swelling of the gums, small elevations on the inner side of the right cheek, with inflammation of the surrounding parts; putrid smell from the mouth; sudden emaciation down to a skeleton, with hectic fever.—This remedy acts slowly, but the slowness may be overcome by repeating the dose the more frequently; I would likewise state that,

in such diseases, I never use the high or highest potencies. *Kali hydriodicum* may likewise be mentioned along with Iodium. *Acid. mur.*, *Tart. emet.*, *Carbo veg.*, *Chlore*, *Kreasot.*, have likewise been proposed.

After this short deviation, I return again to the treatment of neuralgic affections.

§. 191. *Hemicrania, Clavus, Megrin.*

The attacks are periodical. The patients complain of a boring pain at a circumscribed spot near the sagittal suture in the outer parts of the head; or the pain occupies one side of the head, the forehead, supra-orbital and temporal region, extends into the orbits, and is sometimes relieved by pressing the head together; whereas, at other times, the affected part is extremely sensitive to the least pressure. When the paroxysm is at its height, the patient feels sick at the stomach, vomits up water and mucus, after which the patient feels somewhat relieved. The attack is sometimes excited quite suddenly, by chagrin, fright, sudden joy, a cold, indigestion, etc. During the attack the patients are extremely sensitive to light, noise, change of temperature, even to the smell of food; they endeavour to keep mind and body as quiet as possible. The paroxysm generally commences with sun-rise, on waking, and ceases at night; sometimes, however, it lasts longer. Next day the patient is well again, after a refreshing sleep. The left side of the head is more frequently attacked than the right. The attacks generally occur periodically, either at regular or irregular intervals. Among females, the menses are sometimes retarded by the pain. The attack is frequently preceded by vertigo, cheerful and loquacious mood, or sadness, nausea, loss of appetite, sour eructations, vomiting, etc. It is more or less mild or violent; generally it increases gradually, commencing with a slight pressure or a sensation of coldness in the part to be attacked, and then changing to a throbbing, boring pain, or to a stitching, burning, tearing pain, etc.

The characteristic symptoms of hemicrania are : the characteristic neuralgic character of the pain, its periodical recurrence, the absence of any derangement of the cerebral functions between the paroxysms, the absence of all febrile symptoms during the attack ; these may, however, set in after years of suffering, and then the patient is never entirely free from pain, particularly in the region of the sagittal suture ; sleeplessness supervenes, and the affected spot is swollen externally and sensitive to the least pressure.

*Causes :* Persons with irritable nerves, hysteric, hypochondriac, chlorotic individuals, females who have become enfeebled by hard labours and hæmorrhages, individuals leading a sedentary life, literary people, etc., are most liable to the disease. It is occasioned by bad digestion, obstructions in the portal system, arthritis, mercurial dyscrasia, etc., by menstrual suppressions, excessive intellectual labour, excitement of the fancy.

§. 192. *Treatment.* Coffee should be avoided very particularly, otherwise a cure is impossible. The disease is sometimes caused by coffee, particularly when the patient complains of a violent drawing-aching pain in one side of the head, with a sensation as if a nail were driven into the parietal bone ; the aversion which patients experience against coffee during the attack, likewise shows that coffee is food for such a megrim. The brain sometimes feels as if torn or smashed to pieces. For this headache, *Nux vom.* is the first remedy, which may be given in repeated doses ; or *Ignatia*, *Pulsatilla* or *Chamomilla* may be required after the first dose of *Nux*, and this medicine may then be repeated afterwards. *Nux v.* is likewise indicated when the stitching-aching pain in one side of the head commences early in the morning, increases gradually, and finally becomes so violent that the patient is almost frantic. This attack is rarely accompanied with congestion of blood to the brain ; generally the face is pale, and the features distorted. *Nux v.* is one of the principal remedies.

Dr. Tietzer furnishes the following indications for *Nux* in megrim: "It is more suitable to men, when the disease proceeds from the ganglionic system, and the hemicrania is sympathetic, particularly among hæmorrhoidal subjects who complain of pain in the small of the back, pressure on the rectum, difficult stool and gastric ailments; or to persons with a choleric temperament, to drunkards, and literary persons leading a sedentary life.—The pain is most frequently drawing-aching; there is frequently a sensation as if a nail were driven into one side of the head; on one side the brain feels as if dashed to pieces.—Among females, the menses occur prematurely and are too profuse.—The pain sets generally in early in the morning, or after a meal, or on exerting the mind."

"*Ignatia*. It is suitable to sensitive, hysteric individuals with a sanguine nervous temperament, and soft, insinuating manners, with a disposition to reverie, silent grief, fright, mortification and clonic spasms after some emotion.—The pain is chiefly pressing, sometimes stitching, from within outwards, in the forehead and root of the nose." The pressing pain is predominant; when there is a sensation as though a nail were bored into the brain, the pressing is felt from without inwards; a peevish mood likewise indicates *Ignatia*.

*Chamomilla* is indicated by drawing-beating pains in the right half of the head, recurring in paroxysms and excited by emotions; by a quarrelsome and vexed mood, hypochondriac, whims, etc.

*Pulsatilla* is suitable to chlorotic, hysteric persons, with a phlegmatic, good-natured and roguish disposition; it suits a scrofulous diathesis and abilioso-gastric state. It corresponds to stitching-tearing pains, worse in the evening and most violent at night; to a sad, whining mood.

*Belladonna* should be used when the pain extends to the orbit and nasal bones; the pain is pressing, undulating, as if the brain would be dashed to pieces or as if it were shaking to and fro. (*Platina* might like-

wise be tried for an undulating pain.) *Belladonna* is particularly indicated when the pain is aggravated by the least motion of the body, and especially of the eyes, by exposure of the eyes to the light, by noise, by people walking about in the sick-room, and generally by every least concussion; the arteries pulsate audibly.—*Belladonna* is likewise suitable for the arthritic hemicrania, with shooting, deeply penetrating, intense pains, sometimes commencing at one spot as with a breath, changing to a long, extremely painful stitch, which pierces the whole hemisphere of the brain, and deprives the patient of consciousness. This attack yields to one or two doses of *Belladonna* in 36 hours, and frequently remains suppressed for a long time, though *Sepia* seems more adapted to a cure, inasmuch as stitching and pricking pains are among the pathogenetic effects of that medicine. *Sepia* is particularly indicated by stitching pains in one of the frontal or occipital protuberances; the stitches are like flashes from without inwards, and reverberate deep in the brain for a long time; the more frequently they recur, the more the patients complain of heat in the head, which gradually becomes more and more troublesome and is accompanied with great tightness of the head, and painfulness of the head to contact. In arthritic hemicrania it is frequently observed that the scalp is very painful to contact, with a sensation of tightness. In some cases I have removed this last symptom with *Acid. nitr.*, or *Zincum* or *Petroleum*, being guided by the accompanying symptoms in the selection of the remedy.

Though *Sepia* and *Belladonna* are necessary to effect a radical cure, yet *Aconite* is absolutely required for the following symptoms: a tearing-drawing and jerking-stitching pain in the head, with fulness and weight in the forehead, throbbing in the temples, bloated and red countenance, the headache gradually increasing to such an extent, that the patient almost becomes frantic; the patient moans aloud, complains of great anguish, with shortness of breathing and palpitation of the heart, etc. I give the patient *Aconite*



to smell of every 5 or 10 minutes; in a short while the patient goes to sleep, and feels relieved.

*Coffea* corresponds to a pressing pain on one side of the head, as from a nail being driven into the brain, or as if the brain were smashed to pieces; the pain is generally excited by mental exertions, and occurs even in persons who had never used coffee. In some cases *Nux v.* and *Bryon.* are required after *Coffea*. The symptoms for *Bryonia* are: Pressing pain in the left frontal eminence from within outwards, as if the part would burst open, aggravated by moving the eyes, accompanied by tearing with pressure in the affected hemisphere of the brain, likewise with dizziness and heaviness in the same, sleeplessness, and a vexed, irritable mood.

*Colocynthis* corresponds to a pressing or drawing-crampy hemicrania when aggravated by lying on the back or by stooping, accompanied with nausea and vomiting, appearing every afternoon or evening, extorting cries and tears, and inducing an increasing shortness of breathing. It is easily excited by emotion, indignation and mortification.

This kind of hemicrania is frequently cured by *China*. I have used it principally for a pressure with tearing, or for a tearing with pressure at some spot of the head, with great mental excitement, restlessness, excessive activity of the fancy; the pain is aggravated by movement in the open air, or by pressure.

Hemicrania, and headache generally, are frequently accompanied with vomiting and nausea. *Ipecacuanha* is suitable for many of such cases, likewise *Pulsatilla*, particularly when the pain is boring, stitching, contractive, or as if the head were screwed in.

Hemicrania is seldom cured with one remedy only. Among those that require to be mentioned is *Veratrum album*, when the pain is throbbing with pressure, with sensation as if the brain were bruised, rush of blood to the head, pains in the stomach, obstinate constipation, etc.

*Arsenic* corresponds to a throbbing-stupifying pain

in the forehead, particularly over the root of the nose, or over the left eye, the pain almost always leaving a weakness of the head with qualmishness and weakness in the pit of the stomach. The arsenic-hemicrania is characterized by symptoms like the following: it occurs regularly after dinner, decreases by applying cold water to the head, and increases again on removing it; it is most violent in the evening and at night, is relieved by walking about, by external warmth and compression of the head; it is sometimes accompanied by excessive prostration, etc.

*Arnica* is suitable for paroxysms of stitching pain in the forehead and temple, with heat in the face and thirst, nausea and qualmishness in the pit of the stomach, particularly on stooping. *Arnica* is suitable for arthritic hemicrania, likewise *Guajacum*. The pressing pain, which frequently changes to a stitching, occurs most frequently in the right frontal eminence, or on the vertex, and ascending from the nape of the neck, shortly after rising in the morning. *Guajacum* is also indicated by a drawing-tearing pain from the left parietal bone to the frontal protuberance; it is generally accompanied with a sensation as if the scalp were swollen, and as if a throbbing were felt in it.

The principal indications for *Hyoscyamus* are: stupifying pressure, changing to stitches or tearing and shifting about.

*Cicuta* corresponds to a pressing heaviness, or a stitching-compressive pain, generally in the right side of the head, from the nose and eye to the occiput. It occurs most frequently among hysteric individuals, with a sad and anxious temper.

*Ruta* removes a stupifying pressure in the right half of the forehead, and above the root of the nose, with nausea, decreased by motion.

*Manganum aceticum* is indicated when the pains occur at night, are aggravated by stooping; sometimes they occur during a walk in the open air, and are relieved in the room, or they get worse or better

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with a change in the weather. The principal symptom is a tearing-stitching pain in the left side of the head; the pressing pain from the occiput across the vertex to the forehead is less frequent.

*Capsicum annuum* is an excellent remedy for arthritic headache and hemicrania, particularly when the pain is throbbing or stitching with pressure, aggravated by moving the eyes and head, and by inclining the latter forward; in hysteric megrim it deserves a preference over many other remedies.

*Thuja* renders good service in old hemicrania; in hemicrania arising from former sycosis, which, after being apparently cured, leaves behind it rheumatic affections of other organs, which disappear again with the setting-in of the hemicrania. *Thuja* is characteristically indicated by a pressing-aching pain in one side of the head, as if a nail were driven in, in the right hemisphere of the brain; the pain generally becomes worse in bed, during rest and in warmth, and is relieved by motion, coldness and sweat.

*Spigelia*, *Sabina*, *Aurum*, *Rhus tox.*, deserve to be ranked next to *Thuja*.

*Nitri acidum*: Indicated by oppressive heaviness which passes into a drawing-stitching and darting-cutting pain, with tightness of the head and nausea; the drawing-stitching pain, generally in the left side, in the occiput and parietal bone, is the most painful symptom; it obliges one to lie down, and prevents sleep; the darting cutting strikes from before backwards. This kind of hemicrania occurs in scrofulous, hysteric, syphilitic subjects, and is accompanied with vascular excitement; it is excited by little exercise, a walk in the open air, by a slight cold, etc.

*Tinctura acris sine kali*. Hahnemann has mixed up the symptoms of this agent with those of Causticum. I have used the former remedy when the patients complained of the brain feeling as if torn or smashed to pieces on one side, which was aggravated by shaking the head. The pains became worse towards

evening and in the open air; the aching pains are excited by a current of air, and set in with chilliness.

*Conium* has been given for drawing-tearing-stitching pains; for a sensation as if a large foreign body were lodged in the right hemisphere of the brain, which can be dislodged by external friction. It is suitable for old people and females, and for hypochondriac, hysteric, scrofulous and syphilitic individuals.

*Calcareæ carbonica* is suitable for scrofulous subjects, and is principally indicated by a stupefying-aching pain on one side, with empty eructations, excited by reading and writing; by an oppressive sensation of fulness, with heat in the head, and aggravation on raising and moving the head; by a pressure from within, relieved by counter-pressure; by an aching-drawing, tearing, stitching pain.

*Petroleum*, *Lycop.*, *Zinc.*, *Phosphor.*, *Silic.*, *Kali carb.*, should not be forgotten. The latter remedy relieves headaches caused by riding in a carriage.

#### NEURALGIÆ OF THE SPINAL NERVES.

§ 193. *Neuralgia of the spinal marrow, spinal irritation, rhuchialgia, notalgia.*

Spinal irritation is a disease of the spinal marrow which scarcely ever leaves a trace of material alteration of that organ in the dead body. The principal symptom is: pain in the back, accompanied with pain, disagreeable sensation and convulsive paroxysms in the internal body, or in the organ which is in relation with the affected portion of the spinal marrow. The pain extends through the whole or part of the spine. The pain in the marrow is sometimes more deep-seated than the origin of the nerves of the secondarily affected organ. When the upper cervical portion (especially the 2d and 3d) is affected, the patients complain of pain in the head, forehead, face, illusions of the senses, hemeralopia, vertigo, amaurosis, buzzing in the ears, deafness, delirium, stiffness

of the neck or altered inclination of the head. A pain in the lower cervical portion is accompanied with : pain in the region of the clavicles, shoulders, breasts, sternum, arms and fingers, spasm of the fauces or larynx, singultus ; spasmodic movements or paralysis, sensation of oppression or palpitation of the heart. If the upper dorsal portion be affected, we have : constriction of the thorax, orthopnœa, spasmodic cough, palpitation of the heart, fainting fits, moaning ; pains in the hypochondria, below the false ribs. If the lower dorsal portion be affected, the patient complains of pain in the stomach, cardialgia, pain in the pit of the stomach, derangement of the digestive functions, vomiting, eructations ; sometimes pains in urinating, with frequent urging to urinate. An affection of the lumbar portion is indicated by sensitiveness of the abdominal integuments, colic, pains and impeded motion of the lower limbs ; ischuria, drawing in the testicles.—The most important symptoms sometimes run a more or less regular course.—The irritation is most frequently seated in the region of the 7th to the 9th, and of the first to the second dorsal vertebra.

*Causes :* The disease is more frequent among women than men, and principally among hysteric and hypochondriac individuals ; it is caused by menstrual irregularities, confinement, digestive derangement, affections of the dental nerves, foreign bodies which irritate the spinal marrow. The blood, when infected with the miasma of typhus and intermittent fever, appears to cause a secondary spinal irritation, which many consider as the essence of the disease. In this case the irritation is principally seated in the first and the adjoining dorsal vertebræ. (Canstatt).

§ 194. I shall not attempt to construct a complete special therapeia upon the subject of spinal irritation. Many of the diseases arising from spinal irritation, have already been treated in former chapters, such as : intermittent diseases, arthritis, rheumatism, paralysis, prosopalgia, etc. ; many others will be mentioned hereafter. I will add a few general indications, which,

though of little practical value in themselves, may serve to suggest a useful remedy in particular cases.

Pain of the cervical vertebræ.—For pressure in the same: *Guajacum*; tension and pressure: *Bismuthum*; cracking in the same on shaking the head: *Stannum*; cracking or crackling, on moving the head, also stiffness in the same: *Magnes. arct.*; pain as if sprained: *Cinnabaris*; soreness of the lower cervical vertebræ: *Conium*.—Intermittent stitches in the clavicles: *Sabina*; tearing in the clavicular region: *Lycop.*; muscular jactitation around the clavicles: *Asa*.—Pressure on the shoulders: *Kali karb.*; tearing pain with pressure in the shoulders, striking down the arm very rapidly, particularly at night, relieved by pressure, excited by motion: *Belladonna*; tearing stitching in both shoulders: *Asa*; tearing in the shoulders, with stiffness of the lower limbs and difficulty of moving them: *Thermæ Tepl.*; tearing in the shoulders with pressure from without inwards: *Laurocerasus*; rumbling and gurgling in the shoulders and scapulæ, with chilliness over the whole body: *Taraxacum*; rheumatic tearing in the shoulders: *Rhodod.*; tearing between the shoulders, aggravated by cold, relieved by warmth: *Rhus tox.*; stitching with burning and pain as if bruised between the shoulders: *Magnes. mur.*; stitching pain in the shoulder on raising and moving the arm: *Ledum*; drawing, tension and tearing from the shoulders across the nape of the neck through the whole arm: *Manganum*; dull stitching pain between the shoulders from above downwards: *Mezereum*; sore feeling between the shoulders, with stitching tightness when walking: *Colocynth*; tearing, throbbing, ulcerative pain from the shoulder to the fingers, also pain as if sprained with cracking: *Thuja*; tearing and burning in the shoulder with lameness of the arm, particularly during the cold season, during rest and in the warm bed: *Rhus tox.*.—Pain at the lower end of the sternum as from a shock or sore: *Cicuta*; stitches in that region: *Angustura*; stitching with pressure in the

sternum and sides of the chest: *Argilla*; fine stitching in the middle of the sternum without disturbing the expirations or inspirations: *Bismuthum*; stitching with pressure on the sternum: *Euphorbium*; aching pain in the sternum aggravated by contact: *Sassaparilla*; itching, fine, sharp stitches at the upper end of the sternum, close below the throat-pit, obliging one to rub, with pain as if sore and ulcerated behind the part when coughing: *Staphys.*; aching and crampy pain in the region of the sternum, particularly after eating and drinking: *Veratrum*; tearing and stitching in the sternum: *Cyclamen*; sharp stitches in the sternum and near the right chest: *China*; tensive pain on the sternum: *Acid. mur*; dull cutting-stitching pain near the sternum below the last true rib, also as from a plug below the first three costal cartilages: *Aurum*; pressure in the sternum and side: *Cantharid.*; pinching under the sternum: *Cannabis*. The pain in the dorsal vertebræ has likewise different forms, such as: crampy pain in the same, early in the morning when in bed, in a recumbent posture: *Euphorbium*; tearing with pressure in the lower dorsal: *Sabina*; cutting in the region where the first dorsal unites with the last cervical vertebra: *Digitalis*; aching pain as from stooping or straining, passing off during motion: *Acid. mur.*; tearing pains with pressure: *Aurum*; rheumatic pains in the same as if bruised, when stooping and raising one's-self again: *Veratrum*; burning-tearing pains: *Nux vom.*—For drawing in the lumbar vertebræ: *Conium*; violent tearing pain in the same, extending from both sides to the renal region, aggravated by moving the trunk: *Stannum*; bruised pain, where the last lumbar joins the os sacrum: *Aconite*; tearing with pressure in the same extending forward as far as the iliac bones; it seems as though the vertebræ would be broken to pieces, only when bending forward and backward. (*Chelidon*).

## NEURALGIÆ OF THE ABDOMINAL NERVES.

§ 195. *Neuralgia coeliaca.*

Formerly this disease was confounded with colic and cardialgia, until Autenrieth succeeded in establishing the correct diagnosis of each of those affections.

The paroxysms are preceded by a precursory stage lasting from a few minutes to several hours, during which the patients are very uneasy and apprehensive of the coming attack, which sets in in the following manner: The patient feels a violent pain in the pit of the stomach, below the ensiform process; the pain is burning, tearing, stitching, aching, as if a hot coal were lodged there; or as if the part were violently torn asunder; the pain is frequently so piercing that it sets robust persons frantic, and causes feeble individuals to faint. After the pain has lasted for a while at this spot, say from five minutes to half an hour, it leaves there and shoots under the sternum towards the neck like a flame, or it divides into two currents, which, following the course of the sympathetic nerve, ascend towards the neck on both sides of the vertebral column; or else the pain suddenly branches off in every direction, particularly towards the hypochondria, following the course of the plexus lienalis and hepaticus. Towards the end of the paroxysm the patient is troubled with eructations or accumulation of water in the mouth; after the paroxysm the patient complains of great emptiness in the abdomen and languor and lassitude in the whole body; the tongue is clean and the appetite and digestion are good. It is very rare that several paroxysms take place in one day; but if they continue long, scarcely a day passes without a paroxysm. The paroxysms are most violent in spring and fall; much less so in summer and winter; they are most frequent at night and in the morning.

*Etiology:* The disease is much more frequent among men than women, in the proportion of 3 to 1.



It is most frequent between the years of 20 and 35; afterwards it occurs less frequently. Hereditary abdominal weakness and a sedentary life predispose for the disease; it may be occasioned by an imperfect appearance of hæmorrhoids, by suppression of itch, mis-managed gonorrhœa, etc.

The prognosis is almost always more or less favourable under homœopathic treatment, except if the stomach should have become disorganized in consequence of the long duration of the disease.

§. 196. *Nux v.* and *Arsenic* are the best remedies for this disease.

*Nux* is indicated by the following symptoms: Sanguine choleric temperament, malicious character, venous hæmorrhoidal constitution, the hæmorrhoids being imperfectly developed; the pain makes the patient frantic; sedentary life with intellectual exertions. *Arsenic* is more suitable to persons with melancholy, nervous temperaments; the pain causes them to swoon. *Nux v.* is preferable when the pain sets in in the morning and the patient falls into a heavy sleep after the paroxysm, from which he wakes more tired than he was the previous evening; the pain is relieved by lying down. *Arsenic* is more suitable when the paroxysms set in about midnight, rousing the patient from the soundest sleep; they can be relieved by walking about. The burning pain corresponds to *Arsenic*, the tearing, stitching, hard-aching pain to *Nux*; anguish is always present; a very high degree of anguish may however point to *Arsenic*. For the gastric symptoms which set in towards the end of, or after the paroxysm, I give *Nux*; for the nervous symptoms, *Arsenic*.

*Sabadilla* helped me out in some cases where the burning pain, soon after its appearance in the pit of the stomach, flashed upwards in the chest, towards the throat-pit, accompanied with intolerable oppression of breathing, almost unto suffocation, which the patient felt immediately after waking; sometimes a constrictive sensation deep in the fauces was present;

after the paroxysm the patient complained of empty eructations and a feeling of emptiness in the abdomen; languor of the whole body, and sensation as if he had been lying on wood the whole night.

*Veratrum* may be tried in the place of *Nux* if this should fail, and *Phosphorus* in the place of *Arsenic*.

*Cicuta virosa* suits nervous, irritable females; the pain in the pit of the stomach is burning-stitching-throbbing, accompanied with loud singultus.

*Bryonia*, *Conium* and *Sulphur* deserve to be named, the two latter especially when the disease is supposed to have arisen from the suppression of some cutaneous eruption. Other remedies will be found mentioned in the chapter on cardialgia.\*

#### §. 197. *Colica, enteralgia, enterodynia, colic.*

Colic is characterized by pressing, constrictive, cutting, pinching, tearing, wandering or seated pains, principally in the umbilical region, or along the course of the colon; they abate or cease, and recur again, alternately; the abdomen is not distended, hot or sensitive to pressure. The duration of the attack varies. The pains may become so violent that the patient writhes like a worm, tosses about the bed in anguish and despair, rolls about the floor; the abdomen is so sensitive to the touch that one might be led to suppose a violent inflammation must have developed itself. By increasing the pressure, the pain is sometimes diminished, which is not the case when inflammation is present. After the attack, the sensitiveness of the abdomen ceases.—The colic may be accompanied with pain in the stomach, bladder, uterus, calves.—During the paroxysms the abdominal muscles and integuments are spasmodically drawn to the spinal column. The contraction of the bowels frequently leads to obstinate constipation; the reflex action on the stomach causes vomiting, and upon the biliary

\* If physicians will try the tincture of *Aconite* for this disease, they will soon find out what is the true specific for it. In most cases card algia is a simple state of venous congestion which yields to *Aconite*, and the application of warm flannel to the stomach.—*Hempel*.

ducts icterus. The sympathetic suffering of the nerves of the diaphragm and of the nervi vagi explains the oppression, anguish, the moaning and irregular breathing, the singultus, etc.—The pulse is contracted, small, the extremities are cold, face pale, the features exhibit an expression of pain; after the attack, the urine is watery, pale-yellow; fainting fits and convulsions sometimes set in.

*Etiology:* Colic may be excited by every unusual irritation of the intestinal mucous membrane: indigestion, a cold drink while the body is hot, crude vegetables, unripe fruit, excessive use of ripe fruit, improper use of emetics and cathartics, acrid and metallic substances, poisons, foreign bodies, retained or indurated fæces, worms, excessive or morbid secretion of bile, flatulence, mechanical dragging of the intestine by hernia or other alterations of place, etc. According to the origin, we distinguish rheumatic, bilious, gastric, stercoral, verminous, metastatic, arthritic, hæmorrhoidal, menstrual, flatulent, hysteric, hypochondriac colic.

The prognosis is not unfavourable.

§ 198. *Flatulent colic.*

Flatulent colic depends upon an accumulation of air induced by flatulent and fermenting food, etc., during a weak state of the bowels, or it may be caused by a cold, disturbing emotions, such as: anger and chagrin, inducing a spastic state of the bowels, which prevents the discharge of the accumulating gas. The pain is distensive, stitching, drawing, cutting, and is somewhat relieved by pressure on the abdomen. Frequently the pain wanders about, with rumbling, following the course of the intestines, particularly the colon, and affecting even the stomach and chest. The abdomen is irregularly distended in some places, without hardness, or great sensitiveness; here and there a hard elastic swelling starts up yielding a tympanitic sound. The pain is relieved by the discharge and shifting of the flatulence. The same relief is procured by eructations, and rubbing the abdomen.

Sometimes the flatulence wanders only as far as the region of the left hip, where it causes a horrible pain, and then leaves again with a noise. Violent colic is sometimes accompanied with ischuria, spasmodic erection of the penis, and coldness of the extremities; the pulse is generally small, intermittent; costiveness, anguish in the præcordial region, straining, etc., are likewise present. This kind of colic frequently befalls infants that are brought up without the breast, hypochondriac, hysteric persons, and individuals leading a sedentary life. The colic is generally of short duration, disappears after the emission of flatulence, but is apt to re-appear, and, finally, to become habitual.

§. 199. *Nux vom.* is one of the first remedies for this disease. It causes difficulty of digestion, distention of the epigastric region, pressure and fulness in the stomach, particularly after dinner, disposition to flatulence, and even a real flatulent colic. It removes colic which is deep-seated in the abdomen, and is accompanied by a sensation as if a cutting or sticking instrument were operating upon the bladder, the neck of the bladder, the commencement of the urethra, the perinæum, the rectum and anus, as if cutting flatulence would press out everywhere; the pains become intolerable by stepping about, so that the patient is obliged to walk bent double, whereas they disappear rapidly during rest, when sitting or lying. This colic is frequently accompanied with the most violent headache, and pains in the small of the back.

*Cocculus* is indicated by a constrictive pain in the abdomen, with qualmishness, and pressing towards the sexual parts; by discharge of flatulence without relief, constantly followed by other flatulence which becomes incarcerated here and there, and causes a pressing, tearing, and burning pain; sometimes the flatulence distends the whole abdomen, affects the stomach, causing a crampy and griping-tearing pain in the same, and creates a feeling of anguish, with pressure in the subcostal region; these symptoms abate or disappear by eructations. The attack generally sets in after midnight.

*Chamomilla* removes the following symptoms, which are sometimes caused by a cold: sensation as if the flatulence would press through in various places; distention in the præcordial region and hypochondria; indescribable anguish, restlessness, clammy sweat. A violent attack is sometimes accompanied with an urging to stool and rumbling, which disappears again after the discharge of some slimy water. This kind of colic frequently occurs among infants, and readily yields to *Chamomilla*.

*Belladonna* removes a flatulent colic, which is relieved by bending forward and by pressure; the transverse colon protrudes like a pad. This colic is frequently accompanied by a pinching and pulling from above downwards in the affected parts, which increases in proportion as the patient endeavours to remain up; in this case he feels as if the bowels were loose and had settled lower down. The colic is sometimes accompanied by discharges of pus, which seem to point to the presence of an ulcer in the bowels; in such a case *Mercurius* may be given after *Belladonna*. Mercury is very frequently indicated after *Belladonna* in abdominal affections.

*Belladonna* is likewise useful in those kinds of colicodynia flatulenta, which bring on fainting fits, cold sweats, or a violent congestion of blood to the head, with redness of the face and swelling of the veins; the pains are so violent that the patients behave like frantic madmen.

*Belladonna* likewise removes the grasping and griping as if with nails, under the umbilicus, particularly when accompanied with pain in the back and small of the back.

Flatulent colic deep in the abdomen, with sensation as if the lower bowels were constricted, incarceration of flatulence, with pressing and tensive pains, a tight and anxious feeling under the short ribs, is most speedily relieved by *China*.

Hysteric persons are frequently roused from sleep at night by an attack of flatulent colic, characterized

by stitches in the sides and towards the chest; the pain is relieved by emission of flatulence, but the emission being incomplete, the pain lasts a long while. This kind of colic is most certainly relieved by *Ignatia amara*. The colic is sometimes accompanied by an aching pain at a small spot of the head, peculiar to hysteric females; this pain is a sensation as if a blunt body were driven into the brain.

*Pulsatilla* is more suitable for women than men, and is especially indicated when the headache arises from nervousness rather than from hysteria; also, when the aching colicky pains recur periodically in the evening or after midnight, and when the flatulence which is incarcerated in the epigastric region, and causes pinching and gurgling, passes off with a violent cutting colicky pain, and frequently even with nausea and vomiting.

*Zincum* seems to help when the flatulent pains, which afterwards increased to real aching colicky pains, get worse from drinking a glass of wine, or appear towards evening, during rest; the pains are generally accompanied with constipation, with loud rumbling, fermenting sensation, and retraction of the abdomen; hot, humid winds are frequently passed without relief.

*Veratrum* is suitable to flatulent colic preceded by anguish, despair as if beside one's-self, particularly when the flatulence shifts about and finally attacks the whole abdomen; the emission of flatulence is so much more difficult, the longer it remains incarcerated; the abdomen is distended and hard.

*Phosphorus* relieves flatulent colic which is deep-seated in the distended abdomen, aggravated in a recumbent posture, and accompanied with loud, painful rumbling.

*Hyoscyamus* is useful for pressing flatulent colic, in the evening when in bed, with distention of the abdomen, and pain on touching it; also for flatulent colic which sets in after rising in the morning, and is accompanied with meteoristic distention of the abdo-

men, rumbling, pinching in the abdomen, with pressure from above downwards, nausea, and bruised pain in the back.

*Capsicum* may be tried for a painful tension from the abdomen to the chest, as if from distention of the parts, also with pressure, particularly in the epigastrium, worse during motion; the patient complains of an oppressive tightness in the lumbar region; the hardness and distention of the abdomen make the contact of the clothes intolerable.

*Aurum*. Nightly incarceration of flatulence under the left ribs, with stitching; the attack sets in even after the most moderate meal.

*Asa fœtida*. Suitable for hysteric and hypochondriac individuals, or persons suffering with congestion of the portal system and abdominal pulsations. The pain is great, abdomen distended, great rumbling in the bowels.

*Carbo veg*. Flatulent and hæmorrhoidal colic. The former is aggravated, or renewed by taking the least nourishment. The pain is crampy, with pressure, particularly in the left epigastrium, under the ribs, and in the region of the bladder. The attack is frequently induced by a cold; emission of flatulence procures some relief.

§. 200. Flatulent colic is sometimes accompanied with a sensation as if hernia would protrude through the abdominal ring. There is indeed danger of hernia, if the sensation should have been experienced repeatedly. The proper remedies for this symptom are: *Chamomilla*, *Nux vom.*, *Cocculus*, *Veratrum*, *Magnes. arct.*, *Capsic.*, *Aurum*, *Mezer.*, *Acid. sulphur.*, *Sulphur*, *Phosphor.*, *Carbo anim*. Hereditary disposition, constitution, temperament, previous diseases, etc., sometimes point to one or the other of those remedies. I have frequently removed that condition of the ring with *Nux vom.*, *Cocc.*, *Verat.*, *Magnes.*, *Chamomilla*.

#### §. 201. *Colica gastrica*.

This colic is induced by crudities, bile, mucus, undigested or decayed remnants of food, noxious articles

of diet, worms, etc. The colicky pain is more or less violent, accompanied with a sensation of tightness, heaviness, repletion; pains in the back extending to the loins, thighs, knees; deranged stool. The abdomen is not hot, the pulse somewhat irritated, but neither hard nor tight; fever may, however, supervene. The pain is relieved by the discharge of the foreign substances.

Bilious colic is induced by the presence of acrid bile which is secreted, to excess, into the stomach and intestinal canal; the colic is generally felt in the epigastrium; it is generally accompanied with vomiting of greenish matter, from which we may infer the presence of bile in the stomach. This kind of colic is sporadic, caused by violent anger or chagrin; it is endemic in hot countries, where bilious fever and hepatitis are common diseases; it is frequently epidemic, even in our climate, in hot summers, with cool nights; then it prevails in company with bilious fevers and bilious dysentery, or other bilious diseases, is frequently combined with these diseases, and is caused by a cold, indigestion, carousing in the evening, or night-air. Bilious colic does not always set in suddenly; sometimes it is preceded by bilious phenomena, such as loss of appetite, bitter taste, yellowish-slimy coating on the tongue, tightness in the præcordia. The colicky pains are generally violent, acute, cutting, contractive, frequently emanating from the right side, where they are most violent; accompanied with great internal heat, thirst, restlessness. The patient is relieved by discharges of bile from the stomach or rectum. Violent attacks easily lead to hepatitis or enteritis, or leave, at any rate, a great sensitiveness of the intestinal canal, predisposing the patient to new attacks.

§. 202. If we can ascertain the cause of the colic, we should endeavour to remove it, or to select our remedy accordingly. *Chamomilla*, for instance, should be given when the attack was brought on by violent passion or chagrin. It is indicated by a painful distention and tightness in the subcostal region, particu-



larly in the right hypochondrium, whence colicky pains spread to the umbilicus, causing a pressure and griping in the stomach, which lead to nausea and bilious vomiting, and leave the tongue coated with yellowish slime, and a bitter, bilious taste in the mouth.

*Nux vom.* is preferable to *Chamom.*, if the attack took place after a copious meal, or some time elapsed before medical aid was required; it suits patients with a robust, plethoric constitution, or persons accustomed to rich living.

*Ignatia* corresponds to colic from silent grief, and *Pulsatilla* should be given when *Chamomilla* relieves but does not stop the recurrence of an attack. See the chapter on Gastroatonia, vol. I.

*Ipec.*, *Bryon.*, *Verat.*, *Arsen.*, *Dulc.*, *Sulph.*, are likewise indicated for bilious colic.

Hahnemann cured a case of colicodynia with large doses of *Veratrum* (see Hufeland's Journal, vol. III., No. 3, year 1797.) Four or five hours after eating fruit, particularly pears, the patient experienced a certain movement about the umbilicus; \* suddenly he felt, at the same spot, a pinching as if with pincers, accompanied with excruciating pains; this continued for half a minute or a whole minute, and disappeared suddenly after some rumbling extending down to the groin or cæcum. If the attack was very bad, the pinching and rumbling occurred more frequently until they remained altogether. This sensation was accompanied with a feeling of constriction from above downwards, so that no flatulence could be discharged either above or below. The anguish and pain increased from hour to hour, the abdomen became swollen and painful to the touch. The anguish, which resembled a fever, was attended with a frequent urging to vomit, the chest became oppressed, the breath-

\* The patient had complained of a dull, disagreeable sensation in the left hypochondrium for a year past, after having had an attack of colic.

ing short and difficult, cold sweat broke out, and the patient felt stupified and prostrated. In this condition he was unable to swallow liquids, much less solids. During the stupefaction the face was bloated, with protruded eyes, and no sleep. Gradually flatulence was emitted above and below, and the attack disappeared after 16 or 24 hours. The patient remained weak for three or four days, but the seated dull pain, general feebleness and the sickly appearance remained.

*Colocynthis* is a principal remedy for bilious colic from chagrin. I used it with success in a species of colic arising from sudden flatulence which could not be discharged; the attack set in at midnight. This remedy is particularly useful when the most violent pains continue unabated, except with very slight intermissions, and, on ceasing, leave a bruised pain in the whole abdomen, which, on stepping, produces a sensation as if the bowels were suspended by easily torn threads, on which account the patient has to walk slowly and cautiously. This symptom continues even a long time after the cessation of the attack. *Colocynth* is likewise indicated by an intense pain at a small spot in the umbilical region, appears periodically every 10 or 15 minutes, or even less frequently, commences with a slight drawing from the sides to the centre, which gradually increases to a crampy, pressing, digging, tearing and griping pain, and becomes so violent that the patient utters loud shrieks, bites on every thing which is near him, and writhes in his anguish like a worm. The above-mentioned bruised pain remains after such an attack.

*Worm-colic* belongs under this head. The pains shift about, with long intermissions, and are frequently most violent before breakfast; they can be appeased by sugar-water or milk, and are excited by salt food; the pains are gnawing, boring, creeping, the patient feels something living move about in his abdomen. — *Mucous colic* exhibits symptoms of mucous derangement and colic; the pains are aching, boring, at-

tended with flatulence.—*Colic from indurated fæces*, to which old people, hypochondriacs, pregnant females and individuals with old herniæ, are subject. The lumps of fæces may be displaced and felt with the hands, etc. The remedies are the same as those that have been indicated in the last paragraphs, and in the first volume.

§. 203. *Colica saturnina, pictorum, rhachialgia metallica.*

This kind of colic arises from the introduction of metallic oxyds, especially lead, in various forms and ways, into the human body. This may take place by mixing it up with food and drink, wine for instance, or by administering it as a medicine in the form of an acetate, or by inhaling metallic vapours, as is the case among miners, potters, painters, type-founders, or by using badly glazed leaden vessels. This colic is characterized by an excessive retraction of the abdominal muscles towards the spine, sympathetic vomiting, strangury, slow and hard pulse, obstinate constipation, and dryness of the fæces.

The colicky pains are at first dull, intermitting; as the disease increases, they become twisting, constrictive, boring; they become concentrated in the pit of the stomach and umbilical region, when they radiate to the chest, back, hips, arms and feet; at last the intermissions disappear, the pain becomes continuous, and is frequently so violent that the patients toss about, moan, writhe in agony; the pain is sometimes relieved by compressing the abdomen. The abdominal muscles are frequently contracted to such an extent that the vertebræ can be felt through them. The alvine evacuations cease; sometimes a scanty discharge of hard lumps like sheep-dung does not take place till a week or a fortnight after the commencement of the attack.

Reflex-symptoms are: loss of appetite, nausea, retching, vomiting of a dark-green matter, or like verdigris; strangury or ischury; retraction and con-

traction of the sphincter ani ; the testicles are drawn spasmodically to the abdominal ring ; the breathing is anxious and even asthmatic, particularly during the attack, the voice is hollow and dull ; sometimes singultus is present.

The following symptoms are likewise frequently observed in the course of an attack : tearing pains in the limbs, sometimes alternating with the colic, particularly at night ; these pains, if lasting, increase to weakness, tremor and paralysis ; the extensor muscles are paralyzed, the flexor muscles remain active ; this is strikingly noticed in the muscles of the hands, which are then bent inwards towards the forearm ; the pain in the limbs frequently continues with the paralysis. Other nervous symptoms are : epileptic spasms, delirium, amaurosis, apoplexy.—The patients emaciate rapidly, the skin becomes dry, cracked, yellowish.

The attacks generally last from eight days to a fortnight. They are readily cured by homœopathic means, but the cause remaining, relapses are very frequent. In this case the constipation becomes habitual, the patients retain a pale complexion, they become thin, feeble, paralytic and dropsical.—Termination in enteritis and ileus is not very frequent.\*

§ 204. The specific remedy for lead-colic is *Opium*. It removes the attack by opening the bowels. None of the allœopathic adjuncts, such as alum, cathartics, oleosis, hyoscyamus, etc., are required with *Opium*.

*Platina* is recommended by some as a superior remedy for lead-colic.

After the removal of the attack, various symptoms sometimes remain, such as the paralysis. The constipation, spasms in the chest, amaurotic weakness, can be met by *Stramonium* ; *Belladonna* deserves a preference if the amaurosis and deafness should be very great, and may be followed by *Hyoscyamus*. In

\* For a beautiful description of the lead cachexia, see Hempel's *Jahr*.

some cases slight electric shocks will be found useful.

*Alumina* is likewise a good remedy for many after-diseases.

§. 205. *Colica æruginalis, copper-colic.*

This colic attacks workers in copper, coppersmiths, etc., or persons who eat food prepared in badly tinned copper vessels. It differs from lead-colic in many respects.

The abdomen is distended, hard, painful to contact; the spasms, which are sometimes accompanied with cutting and tearing in the bowels, are very violent, and attack even the extremities, accompanied with piercing shrieks; anxiety and pressure in the pit of the stomach, spasmodic constriction of the chest, white-coated tongue, with red tip and edges; difficult speech, diarrhœa, sometimes resulting in the discharge of a thin, green, or bloody mucus, with tenesmus; the urinary secretions are frequently totally suppressed; sympathetic vomiting as consensual symptom.

§ 206. *Treatment.* This must be antidotal. *Belladonna* is the best remedy when the above-named symptoms occur: erethism, distention, hardness and sensitiveness of the abdomen, spasmodic tenesmus, colicky griping, particularly in the umbilical region, the above-described stools, stuttering speech, etc.

After *Belladonna*, we may give *Mercurius*, when the erethic symptoms are subdued, and purely gastric symptoms exist in the lower part of the intestinal canal, the stomach being quiet.

*Ipec.* and *Verat.* may likewise be indicated by the symptoms.

*Nux vom.* is related to *Mercurius*, and is to be preferred when the reflex-action towards the stomach continues.

*China*, *Hep. sulp.*, *Cocc.*, *Calc. c.*, may likewise be mentioned as useful remedies for the after-effects, after the colic is subdued.

§ 207. *Colica sanguinea, plethorica, hæmorrhoidalis.*

This colic is excited by congestion of the abdominal organs, hæmorrhoidal or menstrual suppression. The symptoms are various, and are apt to recur periodically, especially when the moon is on the increase. Fever is present only when the colic is very violent. The colic, which is apt to assume an inflammatory character, is extremely violent, continuous, seated, stitching, cutting, oppressive, increasing by contact; if the spasmodic character prevails, the pains are paroxysmal like labour-pains, and the abdomen is at times distended and sensitive, at others spasmodically contracted; a sensation of coldness in the abdomen is experienced when a paralytic state is present. These colicky pains are accompanied with drawing, tensive, stitching pains in the small of the back, back and loins, which suddenly shoot through the pelvis or extend to the thighs; all sorts of congestions and spasms, such as: spasms of the bladder, stomach, and uterus, pressing on the rectum, distress in the chest, headache, buzzing in the ears, vertigo, fainting fits, palpitation of the heart, anxiety, etc. These symptoms frequently continue for months until the blood is discharged; the symptoms decrease with every new paroxysm, they are most violent when the first discharge of blood takes place. If this should not take place, the symptoms increase to the utmost violence.

§ 208. *Nux vom.* is an excellent remedy for this disease. In hæmorrhoidal colic the bladder is more or less affected, which makes the pain very distressing. The external sexual parts and the region of the bladder are spasmodically drawn inwards, the abdomen becomes more and more sensitive, denoting an inflammatory state; there is a constant urging to urinate, without ability; great anguish and restlessness, leading to a sinking of the vital forces, parti-

cularly among old people, unless speedily relieved. These symptoms are frequently relieved by a few small doses of *Nux*.

If the prostration should increase from minute to minute, *Arsenic* must be substituted for *Nux*, provided help is not too late.

If the colic should have lasted until an inflammatory state is developed, *Aconite* is required, which will remove the whole trouble.\*

*Belladonna* corresponds to a constrictive, spasmodic sensation deep in the abdomen, with a hot, burning sensation, and a pressing sensation close above the pubic bones and the sacral region, becoming intolerable by motion, and inducing a sensation of extreme weakness, sensitiveness, loss of consciousness, even fainting.

*Sulphur* is suitable for a colic which sets in slowly, from day to day, particularly when the spasmodic colicky pains are accompanied with a sensation as though the inside of the abdomen were all raw, and the least touch causes great pain. The spasmodic contractions extend to the chest, pelvis, sexual organs, frequently alternate with cutting and stitching, and are at the same time accompanied with violent pains in the small of the back, which sometimes extend along the back as far as between the shoulders, in the shape of drawing and tensive-aching pains.

Useful remedies are: *Capsicum*, *Ferrum*, *Thuja*, *Puls.*, *Ignat.*, *Colocynth.*, *Carb. veg.*, *Phosphor.*, and others.

### § 209. Colic depending upon local causes.

Under this head belong those kinds of colic which attack old people, or are caused by sedentary habits, dry food, tight lacing, accumulation of fæces. This accumulation generally takes place in the colon or

\* *Aconite* should be given from the commencement. Hartmann commits the same mistake as most other physicians, to suppose that spasms and inflammation are two different conditions. See my *Organon*.—*Hempel*.

rectum, occasions congestions of blood, and is known by a troublesome pressure and tightness deep in the abdomen, spasmodic contraction of the abdominal muscles, and the colicky pains which have already been described. It is true, the patient frequently experiences peristaltic motions in the intestines as if they would overcome the difficulty, but these lead only to antiperistaltic movements reaching up to the stomach, and giving rise to putrid or sour eructations, loathing, vomiting, and even vomiting of fæces.

Good diet and daily exercise in an open, pure air will, with *Nux*, overcome this complaint, provided the other symptoms correspond; very often *Veratrum*, *Bryon.*, *Staphys.*, *Platina*, *China*, *Bellad.*, *Cocculus*, or some other medicine, may prove more useful than *Nux*. If fæcal vomiting (ileus) should already have set in, *Opium* is the principal remedy, unless the symptoms should indicate *Plumbum*.

If the disease should have become very obstinate, the medicines will have to be repeated very frequently, and a great many even may have to be used. It will be difficult to cure such an obstinate complaint without the use of the antipsorics, *Sulphur*, *Calcar.*, *Silic.*, *Lycop.*, *Alum.*, and *Zincum*.

§ 210. *Colica herniosa*. This colic is not easily diagnosed. It is caused by the incarceration or strangulation of recent, or old hernia, and the pain, which at first is felt only in the region of the hernia, gradually spreads over the whole abdomen. It is always accompanied with obstinate constipation, except in the case of incomplete hernia or hernia of the omentum; sometimes, however, the fæces which are contained in the bowels below the incarceration, are still passed. The abdomen swells; the hernia, which could be replaced previously, becomes immovable, painful, swollen, tense, hot, red, and retains white pits from the pressure of the finger. Retching, vomiting, at last vomiting of fæces: fever, with small, spasmodic pulse, singultus, cold sweats, and the like,



accompany the incarceration. If the swelling becomes rose-coloured or livid, gangrene is imminent; gangrene has actually set in if the swelling retreats with a noise under the pressure of the finger; the denuded intestine is black, relaxed, or hard and liver-coloured. Incarceration may take place with every form of hernia, even internal hernia, particularly at the abdominal ring, and with intestinal hernia. It frequently exists even if no external trace of hernia is visible.

We may class here the involution of the intestines termed *volvulus*, *intussusceptio*. This is a very dangerous and acute affection. It is characterized by a continuous, violent vomiting, with obstinate constipation, no flatulence even being passed. The patient complains of violent, boring pains in the distended region, and a sensation as if the bowels were frequently tumbling amongst each other. The pain is frequently concentrated about the umbilicus, it is a sensation as if a string were tied round the umbilicus, or a violent tension. The pain finally spreads over the whole abdomen, with meteorism and excessive sensitiveness. There is painful rumbling above the incarceration, eructations, singultus, thirst, anguish, sudden prostration, quick and contracted pulse, sometimes urinary difficulties. Fever sets in on the supervention of enteritis.

§ 211. A specific remedy for this affection is *Nux vom.*, which should be given in a small dose, and, of course, before gangrene sets in. It is not advisable to try the taxis previous to the exhibition of *Nux*, because it increases the constriction of the muscular fibres of the intestinal canal and abdominal ring, rendering the trouble more obstinate. The medicine has to be repeated frequently, unless an improvement sets in in the first half hour. The symptoms indicating *Nux*, have been described before.

For ileus, *Nux* may likewise be tried. *Belladonna* is useful for spasm from *volvulus*, *intussusception* and

incarceration, even when fæcal vomiting is about setting in. It is preferable to *Nux* and *Opium* when the abdomen is meteoristically distended, with anguish and restlessness, spasmodic and griping pains in the abdomen and region of the bladder, and constant involuntary discharge of urine. *Plumbum* should not be forgotten for these symptoms.

§ 212. *Proctalgia* and *tenesmus*.

These affections are, generally speaking, symptoms of some more general disorder, but they are sometimes so acute that the patient fancies he has no other disease, and wishes to be freed from the local distress.

The distress must be very painful, if we consider the multitude of nerves which are ramified over the mucous membrane of the rectum. Neuralgic or other painful affections of the mucous membrane covering the sphincter ani, such as: fissures, even hæmorrhoidal tumours, are sometimes accompanied with a spasmodic contraction of the muscle, which, at first, consists of short paroxysms of painful constriction, but, if recurring frequently, may increase to a permanent contraction, and constitute a painful affection that may exercise a very pernicious influence on the general health of the patient.

Tenesmus—a constrictive pain at the anus, with sensation of urging to stool—may be excited by acrid fæcal matter (in various forms of diarrhœa, dysentery, blennorrhœa of the rectum) by an irritation produced by ascarides, by a reflex-action from the bladder or uterus; it may be present in catarrh of the bladder, vesical calculi, etc. Violent tenesmus may occasion prolapsus of the rectum.

§ 213. The treatment of these complaints is principally symptomatic. Among the following medicines the beginner will find perhaps some that not only correspond to the particular distress, but the general state of the patient.

Burning pain in the anus: The simple burning is frequently relieved by *Capsic.* and *Alum.*; when occurring at night, *Iodium*; during stool: *Terebinth*; after stool: *Antim. tart.*, *Stront.*;—burning-itching and smarting in the anus are frequently relieved by *Antim. crud.*; burning tingling, as if from worms, by *Terebinth.*; burning-cutting, pressure, and constriction during stool, by *Staphys.*; burning, itching, and tingling, by *Colchic.*; burning before, after and between stool, by *Oleander*;—itching, smarting, soreness, burning sensation, pressure in the anus, as if tumours would form, by *Acid. nitr.*; smarting and soreness in the tumours, by *Pulsat.*;—frequent creeping, with tenesmus in the anus, as if diarrhœa would set in, in the evening before going to sleep, *Platina*; for pressing, contractive sensation, with swelling of the tumours, burning-gnawing pain in the anus during soft stool, *Angustura* is frequently suitable; whereas *Acid. mur.* or *Ant. crud.* suit for swollen tumours with burning soreness, and *Magnes. artif.* for a smarting hæmorrhoidal soreness after stool, with constriction of the rectum.—*Kali carb.* relieves a stitching, tearing, and cutting, also a smarting and burning in the anus; *Plumbum* relieves a stitching and burning, also contraction, constriction, and retraction of the anus. *Ignatia* relieves the contractive sore pain in the anus as from blind piles, a few hours after stool; *Mezereum* the constriction of the anus above the protruded rectum, after stool.

For the itching of the anus, also from worms, see Vol. I., Worm fever.

For protrusion of the hæmorrhoidal tumours during stool, with burning pain, give *Calc. carb.*, unless *Colocynth.* should be indicated by the previously swollen, painful tumours.—*Sulphur*, *Lycop.*, *Nux vom.*, *Ars.*, *Natr. mur.*, deserve great attention in these affections.

Prolapsus of the rectum, occasioned by these neuralgic affections, may be treated with *Arsen.*, *Sulph.*, *Mercur.*, *Sep.*, *Dulcam.*, *Colch.*, *Ruta*, *Magnet.*, *Ignat.* and *Magnes. mur.*

§. 214. *Gastralgia, gastrodynia, cardialgia, colica ventriculi.*

This disease depends upon an increased irritation of the nerves of the stomach, inducing an abnormal contraction of the muscular fibres of that organ.

General diagnostic symptoms of cardialgia are : (a) Neuralgic phenomena. The region below the xiphoid cartilage, the epigastrium, and partly even the hypochondria, are the seat of the pains of various character and intensity, the paroxysms alternating with intermissions. Generally the pains are violently constrictive, twisting, turning, cutting, tearing, boring, gnawing, beating, etc. ; at times dull, as if a band were strung round the body ; at times so violent, that the patients bend double. The extent of the pain varies ; frequently it occupies the epigastrium or only a small portion of the same, or it extends to the back, breast and scapulæ. Pressure from without frequently relieves the pain ; this is the reason why the patient presses the region of the stomach against hard bodies ; at other times the patient is afraid of slight contact, whereas hard pressure is always easily borne. The attacks generally last from a quarter of an hour to a full hour ; sometimes a whole day ; the paroxysm is the shorter the more acute it is. As the disease progresses, the paroxysms increase in intensity and frequency ; sometimes they are caused by eating light food, by fatigue, emotions, a change of weather ; the intermissions gradually become so short that the patient feels a pain all the time. The exacerbations generally take place in the afternoon, less at night ; sometimes at certain hours of the day, and even when the stomach is empty, before breakfast.

(b) Sympathetic symptoms : By sympathy the patient frequently experiences a pain in the spine in the region

of the last dorsal vertebræ, extending as far as the scapulæ. The motor nerves are frequently affected sympathetically: we have distressing vomiting, not always of food, eructations, yawning, spasmodic contraction of the abdominal muscles, diaphragm, the pit of the stomach sometimes is drawn in to the vertebral column, singultus, obstinate constipation, feeling of anguish, palpitation of the heart, constriction of the fauces, aphony, urging to urinate. The stomach is sometimes distended by flatulence; towards the end of the paroxysm the patient is relieved by the vomiting of grass-green bile, or of an acrid-sour, sometimes slimy secretion from the mucous membrane of the stomach. This vomiting frequently terminates the paroxysm. The pulse is contracted and small, the skin cold. Sweat breaks out as the pains abate, the pulse rises.

Violent cardialgia may lead to sympathetic fainting, tremor, delirium, general debility, convulsions and tetanus. Cardialgia is generally without fever; appetite frequently undisturbed, the patient frequently desires salt, sour, spiced, bitter food. (Canstatt.)

#### VARIETIES OF CARDIALGIA:

Pyrosis, soda, ardor ventriculi, which not only occurs in the higher degrees of cardialgia, but sometimes indicates that it is about setting in. This is a burning sensation from the stomach to the mouth along the whole of the œsophagus; it is frequently accompanied with accumulation of water in the mouth, which has at times an acrid, at times a sour, corrosive taste, is frequently accompanied with nausea and discharged with vomiting. The spasm is sometimes diminished by the secretion of such a watery fluid.

A second variety is flatulent cardialgia. The gas which is accumulated in the stomach may not only occasion the attack, but be produced by the reflex-action instituted by cardialgia. The cardialgia is then accompanied with flatulence, meteorism of the epigastrium and hypochondria, tympanitic percussion sound

of the swelling, difficult breathing, great anguish, small pulse, rising of air, emission of flatulence with relief. The flatulence may be caused by indulging in flatulent, fermenting food, fruit, cider, grapes, etc.

A third variety is, according to Canstatt, neuralgia coeliaca, of which mention has been made above.

§ 215. Many authors designate by the term gastrodynia a rather aching, continuous pain (Hufeland), by the term cardialgia a constrictive pain in the stomach causing anxiety; by pyrosis is understood a lighter degree, or rather a mere symptom of the disease. This division has no practical value. It is more useful to distinguish an idiopathic and symptomatic cardialgia; by the former we mean a primary affection of the stomach, and by the latter we understand an affection depending upon other pathological states, such as: indurations of the liver, affections of the spleen, kidneys, etc.

A predisposition for this disease is frequently hereditary. It is more frequent among women than men, and is principally met among individuals with irritable nerves, weakly, hysteric, chlorotic subjects, and individuals disposed to spasms, particularly at the menstrual period, at the critical age, by weak digestion, abuse of cathartics, improper use of the hydropathic treatment, abuse of coffee and tea. The reason why the excessive use of coffee predisposes women to this disease more than men, is this, that women are more confined to their houses and have not the same opportunities that men have to dispel the pernicious effects of coffee by active business, and exercise in the open air. Literary men who lead a sedentary life and use much coffee, are, for the same reason, likewise subject to that disease. It occurs most frequently between the ages of 20 and 50, rarely before the age of pubescence.

*Exciting causes:* Emotions, a cold, suppression of foot-sweat and habitual discharges of blood, and particularly suppression of cutaneous eruptions. Taking cold on the stomach while the body is heated, is one of the principal causes of cardialgia, particularly

among debilitated, irritable individuals, in whom the disease can easily be excited by sour food, sour wine, beer, fruit, fat pastry, meat. The disease may likewise depend upon organic affections of the stomach and of neighbouring organs.

*Prognosis*: Cardialgia depending upon organic diseases, is scarcely ever curable; relief is all that the patient can hope for.

§ 216. The following remedies have been found particularly useful: *Nux vom.*, *Cham.*, *Bellad.*, *Cocc.*, *Ipecac.*, *Stann.*, *Staphys.*, *Plat.*, *Con.*, *Bryon.*, *Pulsat.*, *Arg. nit.*, *Ignat.*, *Chin.*, *Hyoscyam.*, *Bismuth.*, *Arsen.*, *Plumb.*, *Argilla*, *Carb. veg. and anim.*, *Calc. carb.*, *Caust.*, *Natr. carb. and mur.*, *Sep.*, *Baryt. carb.*, *Lycop.*, *Phosphor.*, *Nitrum*.

*Nux vom.* and *Chamomilla* are specifics for cardialgia caused by the abuse of coffee.\* *Nux* is likewise useful for cardialgia caused by suppressed eruptions, even after years, and by long abuse of spirituous drinks. This cardialgia of drunkards is at first frequently a mere vomiting, known as vomitus potatorum. It is indicated, for heart-burn, for sanguineous and hysteric cardialgia.

The principal symptoms for which *Nux* is indicated are: Contraction, pressure, crampy sensation, griping, spasin, sensation as if the clothes oppressed the region of the stomach, or as if flatulence were incarcerated in the region of the hypochondria; this sensation, and the pain in the stomach, are generally increased by taking food or coffee, and is very often accompanied with an oppression and constriction of the chest which spreads even as far as the inter-scapular region and small of the back, or causes a sensation as if a band were tied round the chest. Early pains which rouse the patient from sleep, are characteristic of *Nux*. It is likewise indicated by the following sympathetic symptoms: Nausea, particularly during the attack,

\* See my pamphlet on the use of *Nux. vom.* in the treatment of disease, Leipzig.

accumulation of water in the mouth, gulping up of a sour, bitter fluid, with or without heart-burn, vomiting of mucus or of the ingesta, empty retching, palpitation of the heart with anxiety, sour, putrid taste in the mouth, constipation, flatulent distention of the abdomen, hemicrania or aching pain in the forehead. *Nux* is likewise indicated when the attack sets in at the time of the catamenia, in females who menstruate profusely.

The more delicate the patient, the smaller the dose; and vice versa, the more robust the patient, the larger the dose. I have never given lower than the third attenuation, and never hesitate to repeat the dose.

*Chamomilla* is suitable for persons with irritable nerves and easily excited by anger. It is indicated by a hard pain in the pit of the stomach as from a stone, also under the left short ribs. This pain is always attended with shortness of breath and anxiety, is worse at night, so that the patient has to toss about his bed in agony; it is frequently accompanied with a throbbing pain on the vertex which the patient supposes can be relieved by getting up from bed. He feels relieved during rest, and by bending double. The pain is generally relieved by coffee, whereas it is aggravated when *Nux* is to be given. *Chamomilla* will therefore be found useful for cardialgia induced by abuse of coffee, for which *Nux* alone would not be sufficient. Cardialgia caused by abuse of chamomile-tea, can be relieved by *Ignatia*, *Pulsat.* and *Coffea cruda*, the latter medicine when the pains seem to be intolerable and the patient is very nervous. Cardialgia caused by the abuse of both chamomile tea and coffee, yields to *Nux*, though *Ignat.* or *Pulsat.* may sometimes be required in conjunction with *Nux*.

The dose of *Chamomilla* is from the first to the sixth att., and to be repeated.

*Belladonna* may be tried in cases for which *Chamomilla* seemed to be indicated, but had no effect. *Belladonna* can scarcely ever be given at the commencement of an attack; it is suitable for females with irri-



table nerves, and is particularly indicated by the following symptoms. Gnawing pressure, spasmodic tensile pain in the pit and region of the stomach, obliging the patient to bend backwards for relief or to arrest the breath; the violent pain induces loss of consciousness or even fainting, or it recurs during dinner. *Hyosciamus* and *viola odorata* deserve consideration when these symptoms occur, particularly in cardialgia hysterica. *Bellad.* is somewhat more indicated by slow stool, sleeplessness, increased thirst, with aggravation of the pain afterwards.

*Cocculus*: I never gave it at the commencement of a paroxysm, but always after *Nux* when this medicine relieved the attack, but did not prevent its recurrence. *Cocculus* acts well when constipation or costiveness is present, never when there is diarrhœa. It suits persons with taciturn, peevish dispositions, and is characteristically indicated when the attack is accompanied by a pressing constrictive pain over the whole abdomen relieved by emission of flatulence, or by nausea and accumulation of water in the mouth; heartburn is never present.

*Ipecacuanha* is indicated by nausea, retching, vomiting of quantities of mucus attended with dull stitches in the pit of the stomach and great distress in that organ.

*Pulsatilla* suits individuals with quiet, sensitive, kindly dispositions, and is indicated by stitching pains in the stomach aggravated by making a wrong step and attended with nausea; also by liquid stools, vomiting during the attack, absence of thirst except when the pains are very violent; violent tension and crampy pain in the pit and region of the stomach; throbbing and sensation of anxiety in these parts, or griping and pinching which is relieved by eating. *Pulsatilla* is likewise indicated by the opposite symptom, when the pains are aggravated by eating and change to a pressure and pinching, or are excited by the use of pastry and fat meat.

*Ignatia* is sometimes useful after or alternately with

*Pulsatilla*. It is more suitable, however, when there is less vomiting and costiveness rather than diarrhœa. The stitching sensation is a characteristic indication for *Ignatia*, though it is not counter-indicated by a sensation of pressure in the region of the pyloric orifice, aggravated or excited by eating. It is an excellent remedy when the disease was brought on by starvation, care, grief.

These three last-named medicines relieve cardialgia caused by the abuse of chamomile-tea, or by anger, particularly when *Chamomilla* is found insufficient. In this case *Colocynthis* is likewise useful, particularly, however, when the attack was caused by indignation, or inward mortification on account of insulting treatment; the distress is a hard pressure as from a stone, particularly after eating, with sensation of hunger, and pain in the pit of the stomach when touching it; frequently attended with vomiting of the ingesta, without previous nausea, small, diarrhœic greenish-yellow stools and colicky pains.

*Hyoscyamus*. The attack occurs at any time during the day; it does not depend upon eating or drinking; it is a vague distress in the pit of the stomach, which is painful to the touch; it frequently sets in during the night, with violent sweat, and occurs every time the patient takes cold by placing the hands in cold water.

*Bismuth*. Mild form of cardialgia, pressure shortly after a meal, with nausea as if the patient would vomit. I use the second to fourth att.

*Platina*. Especially suitable to females when the attack occurs at the time of the profusely flowing menses. It is a pressure in the pit of the stomach after a meal, with sensitiveness to contact and constrictive sensation; these symptoms are generally attended with qualmishness, succeeded by great languor.

*China*. The cardialgia is occasioned by debility induced by great loss of animal fluids. It is useful for flatulent cardialgia and pyrosis caused by abuse

of cathartics and emetics, by bloodletting, hæmorrhage, excessive loss of the seminal fluid, galactorrhœa, exhausting sweats; these causes induce debility, bad digestion, a bilious, acrid or sour state of the intestinal canal, with soreness in the stomach, bloatedness and pressure after every meal, etc., so that the patient feels much better during rest and without food than with it. *China* corresponds particularly to the continuous violent attacks of cardialgia attended with repletion, oppression and anxiety, aching pain, heart-burn, accumulation of water in the mouth, and empty retching.

*Staphysagria*: Painful pressure with tension and crampy feeling in the pit of the stomach, taking away the breath when increasing, relieved by bending forward; it is sometimes accompanied with a digging pain.

*Stannum*. This remedy cured cardialgia which would not yield to any of the above-mentioned remedies; I used repeated doses of the sixth trituration. The pain was a griping and kneading pain, extending to the umbilical region; the region of the stomach was very sensitive to the touch; tension, pressure, shortness of breath, anxiety and nausea were present. *Stannum* acted particularly well, when a chronic diarrhœa, frequent and bitter eructations, a sensation of fulness and distention, with hunger, were present.

*Argentum nitricum chrystallisatum* is an excellent remedy for violent cardialgia. I have only used it for females with irregular menses, generally too early and too profuse, with debilitated bodies and very irritable nerves; the violent spasmodic pains in the stomach, obliging the patients to bend double, had no regular intermissions; they appeared at any period of the day, early, afternoon, evening or night, always attended with violent retching and discharge of an acrid, sour yellow-greenish tenacious mucus, bitter as bile. This group of symptoms was removed very speedily.

Cases which required a longer use of *Argent. nitr.*

were likewise more or less depending upon irregular menses, but likewise upon more or less flowing piles, particularly among females that had borne children ; the pain was a burning, heat, uneasiness in the pit of the stomach, contractive rising from the pit of the stomach to the throat, nausea, eructations, loss of appetite, whereas the appetite remained unchanged in the former variety. Stool was generally regular, but irregular stool was no counter-indication to *Argentum nitr.*

I used the first to third tritur., decimal scale. The lighter attacks yielded to five or six doses, three a day, in water ; the latter variety required a longer use of the medicine.

*Bryonia* is useful in the lighter cases of cardialgia characterized by pressure in the pit of the stomach during or after a meal, and by a sensation of swelling in the pit and region of the stomach. This pressure sometimes increases to a contractive pinching or cutting, and is relieved or even removed by pressure on the stomach, which brings on frequent eructations.

In describing the symptoms which indicate the particular remedies for cardialgia, I have confined myself to those that are characteristic of the primary disease, leaving out the secondary symptoms as being too various to admit of a minute description. But if the disease be really cardialgia, one of the above-mentioned remedies will most probably be found indicated by the secondary or sympathetic symptoms, for which I refer the reader to the *Materia Medica Pura*. *Bryonia*, for instance, is indicated when the symptoms of cardialgia are accompanied by a pressing, aching pain in the temples or in the forehead or even in the occiput, as if the skull would be pressed asunder ; this pain can be relieved by external counter-pressure ; also by costiveness, or by aggravation of the pains during motion and amelioration during rest.

Allœopathic physicians frequently reproach the homœopaths with not being able to cure disorganizations of single organs. These reproaches are un-

founded, for such disorganizations can be and have been cured, provided the general debility of the particular organ and the general organism had not become excessive. For the homœopathic agent, having a specific curative relation to the affected organ, must necessarily reduce and finally remove the disorganization in proportion as the pain is diminished. I am confident that the many cases of gastromalacia and cancer of the stomach which occur now-a-days, would not have developed themselves, if the primitive affection, a simple cardialgia perhaps, had been met from the commencement by appropriate specific remedies instead of the round-about destructive allœopathic drugs. But even where homœopathy is unable to cure, it is almost always able to procure relief.

§. 217. *Scirrhus et carcinoma ventriculi; gastrostenosis cardiaca et pylorica. Induration and cancer of the stomach.*

*Precursory symptoms of cancer of the stomach:* They frequently exist for years; the digestion is exceedingly difficult, the nourishment which the patient takes troubles him during the whole period of the digestion; he complains of a dull pain, heaviness, tension in the epigastrium, flatulence; sometimes of heartburn, desire to vomit, vomiting of water; generally early in the morning before breakfast a watery, slimy, thready fluid rises into the mouth, sometimes in considerable quantity, after which the remainder of the day is passed in tolerable ease. At last vomiting takes place one, two or several hours after a meal, which, however, can be avoided, provided the patient takes such food as agrees with him; the vomiting returns, however, after the least excess, though this likewise takes place when the degeneration of the stomach is pretty far advanced.

*Symptoms of fully developed scirrhus of the stomach:* Hardness and swelling in the epigastrium, in the right hypochondrium, or at some place which corresponds

to the situation of the disorganized stomach ; this disorganization can be felt, sometimes even seen ; it is circumscribed, and its extent varies. The swelling has various forms, is at times movable, at others immovable, and interwoven with the neighbouring parts. Gradually the vomiting becomes habitual, it takes place two, three or four hours after a meal, or at last even before breakfast ; the latter vomiting is characteristic of cancer of the stomach, the substance which is thrown up being blackish, chocolate-coloured, or like soot or the sediment of coffee, or even pure blood.

The difficulty of digestion now reaches the highest pitch. The patient at last dreads taking the least nourishment, because it induces vomiting preceded by dreadful distress, anguish even unto fainting, and agonizing pains in the stomach. A constant distress frequently deprives the patient of all rest. Obstinate constipation ; appetite feeble or quite extinct ; great thirst ; scanty secretion of urine ; skin dry, like parchment.—The patient is reduced to a mere skeleton ; dropsical symptoms set in ; an expression of pain is visible in the sunken, emaciated countenance ; the eyes are dull and sunken ; the formerly livid complexion changes to a dingy-yellow, yellow-green (carcinomatous habit). The changes in the vascular system frequently are not perceived until shortly before death, the pulse becomes feeble, small and irregular. The patient feels sad and desponding.

These symptoms may vary more or less, as in all other diseases : the swelling, for instance, is not perceptible when the schirrous degeneration is seated in the cavity of the stomach, or in the lesser curvature of that organ. The vomiting varies likewise in regard to time, quality and quantity of the substance which is thrown up ; the same remark applies to the stool, digestive derangement and the pain. (Canstatt.)

§ 218. Cancer of the stomach generally runs a course of several years, and terminates fatally, unless

the disease should have been arrested in the per-cursory stage.

**Etiology:** The disease occurs most frequently between the ages of 60 and 70, and between 40 and 50; it is met more frequently among men than women, probably because, among the latter, the *mammæ* and uterus are chiefly invaded by carcinoma. An hereditary disposition is supposed to exist by some; it is likewise occasioned by endemic influences, by a particular mode of life; the excessive use of green cider, for instance, or of sour wine, cider, etc., is a great predisposing cause for cancer. Inveterate drunkards are subject to cancer; the excessive use of spirits before breakfast, accompanied with depressing emotions, grief, care, occasion the disease. It may likewise be occasioned by abuse of acids, heating drinks, coffee, tea, emotions of various kinds, sedentary habits, long fasting, misery, bad food, abuse of cathartics and emetics, various poisons, lead, abuse of salt, suppression of fever and ague, hæmorrhage, chronic cutaneous eruptions, etc.

**Prognosis:** very unfavourable.

§ 219. If we should suspect the existence of cancer, the patient must avoid all abuse of spirits, and must not be allowed to indulge in tonics, etc., for which he frequently manifests a great desire and which aggravate the disease even in the first period; the patient must likewise be kept in good spirits, and must have proper food and drink. In regard to medicine, I will first mention *Nux vom.* and *Arsenic.* The particular indications for *Nux* have been furnished in § 216, and I have only to add, that it is a valuable remedy in *callositas ventriculi*, provided the symptoms correspond.

The burning, corrosive and gnawing pain in the pit and region of the stomach, which is generally present in cancer of that organ, points to *Arsenic.* This medicine is indicated by the following symptoms: Oppressive anguish, tightness and distention in the pit of the stomach and under the left short ribs, cutting

and tearing pain alternating with the above-mentioned burning and corrosive pain, aggravation of the pain after a meal and after midnight attended with extreme prostration, vomiting of food and mucus, which is frequently so distressing that it induces fainting. *Mezereum* and *Plumbum* are likewise indicated by this group of symptoms.

*Mezereum* is indicated by a burning-corrosive pain in the stomach, and as if the internal surface of the stomach were sore; sensation as if the food remained for a long time undigested in the stomach, and occasioned a pressure; bloody vomiting frequently takes place, and the patient is very sad. These symptoms may likewise characterize a chronic gastritis.

*Plumbum* is an admirable medicine for cancer of the stomach. It has: vomiting without relief, obstinate constipation; the substance which is vomited up is like verdigris, blackish, bilious, bitter, and the paroxysms of burning constrictive pains in the stomach are excessively violent, and attended with præcordial anguish, anxious and cold sweat.

Latterly *Verat.*, *Carb. anim.*, *Con.*, and *Lycopod.* have been employed for cancer of the stomach. The last-named is particularly useful, especially in induration of the stomach. *Carbo animalis* is likewise useful in this disease, as well as in very obstinate cardialgia characterized by griping in the stomach, and flatulent distention of the abdomen. *Veratrum* is indicated by occasional turns of blackish vomiting, as of black bile and blood.

In two cases occasioned by a violent kick on the region of the stomach, I have seen good effects from *Conium*.

*Phosphorus*, from 6 to 8 doses, cures a species of induration or constriction of the cardiac orifice, with twisting, constrictive pains in the region of the stomach, and vomiting of a clear, sourish fluid towards evening and sometimes at night, sour eructations with regurgitation of the ingesta.



§ 220. *Continuation of the homœopathic treatment of cardialgia.*

Since the discovery of the antipsorics, we cure a great many cases of cardialgia that could not be cured before. *Carbo animalis* and *veget.* frequently complete a cure when *Nux vom.* had but a temporary effect. *Carbo veg.* is indicated by a burning sensation in the stomach, (hence it may be of use in the treatment of the above-mentioned disorganizations of the stomach), by a continuous, painful pressure in the region of the stomach with anxiety, aggravated by contact; by a contractive, spasmodic sensation in the stomach obliging the patient to bend double, arresting the breathing, and worse when lying down, attended with a kind of heartburn, nausea, loathing even when merely thinking of food, constipation. *Carbo animalis* is indicated when the patient, after a slight meal, complains of fulness, malaise, feeling of coldness in the stomach, the latter symptom being relieved by laying the hand on the stomach, after which the other symptoms get likewise better. I have always employed *Nitrum* with success when the patient complained of a burning pain in the stomach with violent stitches; after the paroxysm was over, the patient complained of a sensation as if ice were in the stomach, the pit of the stomach being at the same time sensitive to the touch. *Carbo anim.* cures a state of debility of the stomach where every thing the patient eats, distresses him.

*Calcarea carbonica*: Indicated by cutting, compressive, or spasmodic, or pinching-choking pains, attended with a sensation of anxiety. It is likewise excellent for weak digestion, together with *Graphites*.

*Graphites* is likewise suitable for a wrenching and griping in the stomach, disappearing after a meal, and generally attended with nausea, and accumulation of water in the mouth.

*Nitric acid* is suitable for cardialgia accompanied with diarrhœa, or when the patients had been syphilitic and had been treated with Mercury. Principal

symptom: spasmodic wrenching in the stomach and pit of the stomach, which ascends into the chest and oppresses the breathing.

*Castoreum*: bitter-sour regurgitations with loathing, after a meal; sickness at the stomach, with ptyalism, tightness and weight in the stomach, with contractive pain under the sternum and ulcerative pain in the pit of the stomach, flatulent distention of the abdomen, urgings to stool are generally present; the stool is hard.

*Baryta carb.* suits scrofulous subjects. It is indicated by the following symptoms: the patient is easily satiated, great fulness after a slight meal, pressure and weight in the stomach, with externally perceptible hardness close under the stomach. It may be used for disorganizations of that organ.

*Sepia* suits delicate, nervous females with fine skin and liable to get angry, or who have deranged their nervous system by onanism. Symptoms: oppression and weight, with cramp in the stomach; sour eructations, indifference to life, frequent turns of nausea, ineffectual urging to stool, or hard stool.

*Lobelia inflata* may be tried for a pressing-constrictive sensation in the stomach and pit of the stomach after a meal, particularly after supper, extending to the back and inter-scapular region, and attended with bilious vomiting, oppression and anguish in the chest and pain in the small of the back.

*Natrum carb.* and *muriatum*. The latter for a contractive cramp in the stomach, commencing after dinner and continuing until evening, attended with feeling of coldness in the back and stomach.

*Alumina* is useful when the cardialgia is attended with constipation.

§ 221. *Gastromalacia; malanis ventriculi, gastrobro-sis* (Alibert), *perforatio ventriculi spontanea* (Gérard); *softening of the stomach.*

Though no neuralgic disease, yet I mention this disease here, in order not to separate it from the affec-

tions of the stomach generally. A greater or lesser softening of the membranes of the stomach always precedes the formation of ulcers and the suppurative process such as take place in the stomach in tuberculous and carcinomatous formations. This is another reason why I should be excused for treating of this affection in this place.

The disease is principally observed among children of from a few weeks to two years old. Omitting the anatomical characteristics, I at once proceed to describe the

*Symptoms.* The disease scarcely ever appears under the same form. At times it is like cholera, at times like a gastritis of full-grown persons, at others again like a hydrocephalous fever, or like a slow nervous typhus. Sometimes the disease breaks out suddenly without any precursory symptoms, with violent fever, the children are restless, scream a good deal, the pulse is quick and their thirst can scarcely be quenched; the abdomen is distended, the region of the stomach is hot to the touch, painful to pressure which may be inferred from the fact that the children draw the lower limbs up to the abdomen; repeated and frequently continual vomiting of a greenish-slimy, sour-smelling fluid, accompanied with frequent discharges of watery, green, acrid, sour-smelling stools; breathing oppressed, dry cough; breath and skin are cool; extremely rapid collapse of the features, and emaciation; the screams gradually change to mere moaning; stupor sets in, convulsions and death.—If the affection should be less acute, it has the following symptoms: The children lose their appetite, they are peevish, low-spirited, suffer frequently with eructations, aphthæ, obstinate diarrhœa, vomiting; their sleep is restless and they look pale and suffering. When the fever appears, the diarrhœa and fever become more obstinate and frequent, the discharges consisting of a watery mucus, with putrid odor, and sometimes mixed up with gray-green filaments and flocks; the abdomen becomes distended, the head

and extremities become cold, whilst the remainder of the body is hot, and the abdomen even burning-hot to the touch; rapid emaciation, particularly about the neck. The head-symptoms are very striking, the children are in a constant sopor, half stupified, but can easily be roused (agrypnocoma).

*Etiology:* infantile age, dentition, atmospheric causes, late-summer and spring when gastric diseases and intermittent fevers prevail, swallowing corrosive saliva as is secreted in stomacace, angina gangrænosa or aphthæ. According to Rokitsansky, the disease is frequently traceable to a disease of the brain, particularly hypertrophy of the brain or hydrocephalus.

*Prognosis:* More favourable than would at first sight appear; only the physician must not be scared by the idea of gastromalacia, and boldly prescribe his remedies in accordance with the symptoms.

§ 222. *Treatment.* Many symptoms characterizing the precursory stage of this disease, and being very frequently underrated by physicians, are so much like a gastric disease, that the remedies indicated for gastric affections may be used here (see vol. I.). A few remedies which seem to have a more specific relation to the disease, will, however, be mentioned. If the disease should commence with a diarrhœa, as is frequently the case, and if this should threaten to become habitual, a few drops of *Calc. acet.* daily, will be found eminently useful, being at the same time an excellent remedy for troublesome dentition and scrophulosis; *Calc. carb.* does not seem to have the same penetrating effect in this disease. *Acidum phosphoricum* is preferable to *Calc. acet.*, when the diarrhœa has become habitual and the central organ of the abdominal system of nerves seems to be more deeply invaded.

If the first symptoms should point to a febris hydrocephalica, the ineffectual exhibition of *Belladonna*, *Acon.*, *Bryon.*, will soon reveal the mistake.

If the disease should resemble cholera, suitable remedies have to be administered.

*Tartarus emeticus* is an excellent remedy for this disease, particularly when the above described agrypnocoma sets in. It surpasses both *Arsen.* and *Veratrum*. These last named remedies may, however, likewise be very useful in gastromalacia; perhaps they were never given in adequate doses, an error which is committed by all who believe that the dose is the only saving principle in homœopathy.

According to Dr. Arnold, *Kreasotum* is the principal remedy for gastromalacia; he uses it in the first tritur.; some use it in the sixth att. He says that the symptoms soon abate and finally disappear, except the emaciation, which requires a longer time.

§ 223. *Spasmus vesicæ, cystodynia, cystalgia, cystospasmus, spasm of the bladder.*

Spasm of the bladder is very frequently a symptom belonging to some more general affection; but it likewise occurs as a primary functional derangement. It is with the latter that we shall occupy ourselves here.

Symptoms of a spasm of the bladder are: Violent constrictive pain commencing at the neck of the bladder, extending along the dorsum of the penis towards the forepart, with more or less perfect painful erection, sometimes radiating to the groins, testicles and thighs, and even along the perinæum towards the anus, attended with a pain like tenesmus. This pain generally lasts a few minutes, at most a quarter of an hour, or half an hour, after which it subsides entirely. It is accompanied with a painful, ineffectual urging to urinate. If the spasm invades the neck of the bladder, it is attended with spastic ischuria; if it should become seated in the detrusor urinæ muscle, the urine is sometimes expelled with force, or it flows out in drops; in the latter case enuresis spastica takes place. When the spasm subsides, a full stream is sometimes emitted, the urine being clear, and even paler than usual. In feeble nervous individuals a violent spasm is attended with anguish, restlessness,

trembling, nervous paroxysms, cold sweat, small, contracted pulse, vomiting.

*Etiology.* The disease may attack either sex, and every age; it is most frequent among middle-aged persons. Nervous, hypochondriac, hysteric individuals are subject to the disease. *Exciting causes:* emotions, anger, chagrin, mental efforts, irritation of the uropoëtic or genital system by cantharides, diuretics, new wine, beer, excessive embraces, sitting on a damp, cold floor, etc.

§ 224. *Treatment.* If possible, the exciting cause should be removed or counteracted. If the spasm be caused by cantharides or by the linseed-emulsions which are so frequently used in gonorrhœa, *Camphor* is the proper remedy. I always use this medicine when the pain is so great that the patient is unable to explain himself.

*Cantharides* may be given when the spasm is attended with enuresis spastica. Of course, the disease must not have been caused by that agent. The patient wanders from one place to another, complaining of cutting, and a contractive pressing pain along the ureters toward the lower part of the bladder; sometimes there is a fleeting-tearing pain in the neck of the bladder, all of which painful sensations the patient endeavours to moderate by compressing the glans; sometimes, after the urine ceases to be discharged in drops, a full stream of urine flows out with relief or even an entire abatement of the spasm; the urine was, in such cases, scarcely ever found by me of a purely spastic nature; generally turbid, or with a white-slimy sediment, particularly at night.

*Sassaparilla* is, according to my experience, useful only when the spasm depends upon the presence of urinary calculi; the patient complains of a painful pressing burning, and a quantity of pale urine is discharged.

*Pulsatilla* suits females rather than men: the disease occurs after the use of sulphur-water, or from

taking cold by exposing the feet: the pain is intense, continuous, the urine is discharged in drops.

*Colchicum* and *Dulcamara* are likewise useful when the spasm is caused by a cold. I am unable to indicate the particular symptoms.

I will also mention *Lycopod.*, *Acid. phosphor.*, *Sepia* and *Terebinthina*.\*

## NINETEENTH CLASS.

### § 225. *Neuroses*.

Their physiological character according to Schœnlein: 1. The morbid process always takes place in the peripheral nerves. 2. Every neurosis consists of a series of irregular paroxysms, without regular intermissions; the moon has a great influence on these affections, the paroxysms of many forms of neurosis are more violent at certain quarters of the moon. 3. The irritation in the peripheral system of nerves is continued, during the paroxysms, to the central organ, particularly the spinal marrow and brain, though the continuation is sometimes perceived only at the extremities of the affected nerve; it is distinctly perceptible in an attack of peripheral epilepsy, at first slight spasms, afterwards convulsions, finally the brain is affected and loss of consciousness takes place. The sensation indicating the continuation, varies; for instance, sensation of a passing wind, of formication, of an electric stroke, of a flame, etc.; in an hysteric attack, the patient feels as though a ball were rolling up from the uterus with a constrictive sensation; in other cases the distress is felt only at the commencement and end of the time, in the uterus and in the head (*clavus hystericus*). The central portions of the

\* And *Aconite*, the grand antispasmodic of homœopathy! Why omit *Aconite*?—*Hempel*.

nervous system being not always invaded, this leads to a classification of neurosis in higher and lower forms; to the former belongs epilepsy, to the latter tussis convulsiva. 4. The single paroxysms are characterized by spasms and convulsions. 5. During the attack the normal function of the irritated nerve is either altered or suppressed, in hysteria for instance, where the smell of burnt feathers, of *Assa foetida*, etc. appears agreeable, that of a rose, on the contrary, disagreeable.

No decisive anatomical change is observed either in the peripheral or central portions of the nervous system; I therefore omit making any particular mention of those changes.

Etiology: Age; abdominal epilepsy, for instance, attacks youth, and is not observed among old people; asthma affects generally people of a certain age, hysteria takes place at the age of pubescence, etc.—Sex.—External causes: Emotions, gout, irritants such as splinters, contusions, sore fingers, worms. Nervous diseases may likewise be transmitted by the eye or ear; epilepsy, for instance, is frequently communicated by seeing an epileptic attack, or by hearing epilepsy or mania spoken of with warmth. A material contagium exists only in whooping-cough, if anywhere.

Prognosis: Some forms of neurosis, such as hysteria, are not dangerous; eclampsia is very dangerous. If the attack depend upon a material cause which can be removed, the prognosis is more favourable; or if the attack should have been caused by a momentary noxious influence, the prognosis is likewise more favourable; the prognosis depends likewise upon the manner in which the disease develops itself, and upon the importance of the irritated portion of the nervous system, upon the frequency and violence of the paroxysms, upon the supervention of other dangerous symptoms and the termination in some other disease.

Treatment: We will speak of the treatment of each species of neurosis in particular.



§. 226. *Neuroses of the nerves of the thorax.*

## TUSSIS CONVULSIVA, PERTUSSIS, WHOOPING-COUGH.

Every epidemic disease is, properly speaking, acute ; we call it chronic when it divests itself of the febrile symptoms, runs a long course, calls up ailments which had so far remained latent in the organism and unites itself with them ; whooping-cough belongs to this class of diseases.

In whooping-cough we distinguish three stages : the precursory or catarrhal stage, the convulsive or nervous, and the critical or secretive stage.

*First stage.* It commences with catarrhal symptoms, sometimes catarrhal-gastric ; these symptoms frequently resemble the precursory symptoms of an exanthematic fever. The patients complain of tickling in the trachea, particularly under the sternum, occasioning a dry, peculiarly hollow cough with a metallic sound, characterized even at this stage by more or less periodical paroxysms. It is frequently accompanied with angina, slight inflammation of the organs of deglutition, hoarseness, sneezing, lachrymation, sensitiveness of the eyes to light, chilliness, languor ; the child is peevish, restless, feverish ; the fever is erethic, comes on towards evening, with coated tongue, hurried pulse, hot and dry skin ; towards morning the patient perspires, the urine exhibits a sediment, and the symptoms intermit, sometimes completely. If the fever should increase to a synocha, the chest frequently exhibits inflammatory symptoms to be diagnosed by percussion and auscultation and by the blood-streaked expectoration. This stage having lasted from 3 to 21 days, it gradually passes over into the

*Second stage.* This stage is characterized by the paroxysmal cough, which one need but hear once to recognise it again immediately. Previous to a paroxysm the patient generally becomes restless, and endeavours to support himself by holding on to something, impelled by anguish, dull pain, pressure under

the sternum in the region where the diaphragm is inserted, in the pit of the stomach; children breathe more rapidly, anxiously, irregularly, weep, or start up from sleep, seat themselves suddenly in an erect posture, stooping forward. The cough consists of short, irregular, violent expirations in rapid succession, interrupted by short or long, imperfect attempts at inspiration, accompanied with a peculiar whizzing sound resembling the bray of an ass; during this time the glottis is spasmodically closed, which may be easily inferred from the fact that, on applying the ear to the chest, no respiratory murmur is heard, but a sonorous whizzing which is formed in the half-closed glottis and extends down to the bifurcation of the trachea; shortly before and after the paroxysm the respiration is frequently puerile. During these phenomena all the muscles of the respiratory organs are spasmodically convulsed, the face becomes purple-red or blue, swollen, the eyes become red and seem to start from their sockets, the veins of the neck swell up; blood is frequently discharged from the nose, mouth, ears and bronchi, and ecchymosed blood is seen in the conjunctiva; face and neck are covered with a cold sweat, the pulse is suppressed. In from three to ten minutes the paroxysm generally terminates with vomiting, a quantity of colourless, viscid mucus being discharged together with the contents of the stomach. After a violent paroxysm, the patient sometimes falls asleep from exhaustion. Generally, however, he feels well again immediately after the cessation of the paroxysm, wants to eat, or returns to his play; physical changes in the respiratory organs are seldom seen, except sometimes a puerile respiration with rhonchus. The paroxysms are not regular; they amount from 3 or 4 to 40 or 50 within the 24 hours. They gradually decrease in number and intensity. This second stage lasts from 4 to 8 weeks.

In the *third stage* the paroxysms decrease more and more, the convulsive phenomena disappear, the respiration ceases to be whizzing, the cough becomes

moist, and the patients, at the termination of the short paroxysms, discharge a viscid, thick, greenish sputa. with noise in the bronchi, and affording great relief.—Relapses may occur in this stage, which scarcely ever lasts more than from 3 to 4 weeks.

Whooping-cough is liable to complications with other diseases, particularly with bronchitis and pneumonia, also with congestion of the brain and cerebral membranes, gastric and intestinal irritations with remittent fever, pleuritis, pericarditis, croup, angina.

*Etiology* : Whooping-cough occurs most frequently before the seventh year, less frequently between the 7th and 14th, and least frequently among adults ; it is sometimes epidemic, but may occur in every season ; it is rather contagious than miasmatic ; it likewise occurs sporadically.

*Prognosis* : Not unfavourable ; whooping-cough is a slow and distressing, but not dangerous complaint. The prognosis depends upon age, constitution, complications, duration of the convulsive stage, etc.

§ 227. *Treatment* : It is quite easy when the patients are perfectly free from all scrofulous taint. Scrofulous children require to be treated with the antipsorics. *Drosera* is ineffectual in the case of scrofulous patients. In epidemic whooping-cough I have found *Drosera* sufficient in most cases. Different remedies, however, may be required by different forms of whooping-cough. The great point is to notice the characteristic symptoms of the cough and to prescribe a remedy in accordance with the symptoms. This accounts for the fact that epidemic whooping-cough has been successfully treated with different remedies by different practitioners.

The catarrhal stage may require one of the remedies mentioned vol. i. §§ 29, etc. and §§ 194, etc. The patient should be kept in the room, in the same temperature ; he should be protected from changes of weather, cold, etc., and should use slimy drinks, gruel, slippery elm, etc. If the catarrhal stage should have been induced by a cold, and the cough should

be moist and loose, with slight hoarseness, *Dulcamara* will be found useful. *Pulsatilla* likewise corresponds to these symptoms, particularly when vomiting is apt to set in, in which case *Ipecacuanha* should not be left out of consideration.

*Aconite* should be given when febrile motions are present and the dry cough is excited by a burning-stinging pain in the larynx increased by coughing (the child grasps at that spot with the hand). The remaining cough may then be treated with alternate doses of *China* and *Belladonna*, which may even be followed by *Ledum*. By this treatment the cough is not always stopped, but rendered loose and mild.

In many cases the catarrhal stage is removed by *Chamomilla*, particularly when the constant irritation in the region of the larynx, inducing a dry cough, is accompanied by a crampy sensation, or when the cough is excited by a titillation under the sternum in the upper part of the chest; *Chamomilla* is not counter-indicated by a burning sensation in the larynx and a painful soreness at the spot where a little phlegm is detached after a long paroxysm of distressing cough. The dry, spasmodic cough is sometimes accompanied with retching and vomiting impeding the breathing; the patient's face turns blue, and he is tortured with anguish; *Nux vom.* relieves the vomiting, and generally requires *Pulsatilla* after it. If the cough should remain dry and spasmodic, without the wheezing, *Ignat.*, *Ipec.*, *Hyosciam.*, *Bellad.*, *Conium*, are excellent remedies.

In the second stage, *Drosera* is a specific remedy, particularly in epidemic whooping-cough. Symptoms: Rapid succession of single turns of cough during a paroxysm, causing danger of suffocation; titillation in the larynx which rouses the child from sleep particularly after midnight, and causes a rapid succession of paroxysms; discharge of blood from mouth and nose; the cough is easily excited by laughing, singing, weeping, and emotions.

*Cina* is likewise an excellent remedy in the second stage, particularly when the cough is complicated with gastric symptoms and the child had been troubled with phlegm in the stomach and intestinal canal, weak digestion, anorexia, worms, etc. some time before the outbreak of the disease; it is likewise suitable to scrofulous children, or when the paroxysm is caused by a sudden spasmodic contraction of the larynx, accompanied with a general rigidity of the whole body, loss of consciousness and staring look.

*Belladonna* will seldom be found useful in the convulsive stage; when the periodical intermissions of the inspirations during the paroxysms are present. *Belladonna* is counter-indicated by the phenomena characterizing the second stage; it is otherwise indicated by a dry cough accompanied with a spasmodic contraction of the larynx, and preceded by weeping and a disagreeable sensation in the region of the stomach. *Belladonna* and *Cina*, in alternate doses, are said to be very useful in this cough.

*Cuprum acet.* is eminently useful when the patient is suffocated during the paroxysm, and when he vomits and is slowly restored to vitality after the cessation of the paroxysm; even between the paroxysms the respiration is accompanied with a rattling noise in the bronchi, as if they were filled with mucus. I have since used this remedy even in the commencement of the disease, and have found it more useful than *Drosera*, the wheezing and whooping being removed in a few days. The remaining catarrhal cough yields to repeated doses of *Ipecacuanha*. This agent is frequently sufficient to remove whooping-cough, provided it is repeated every 2 or 3 hours; it is indicated when the turns of cough succeed each other so rapidly that the respiration is cut off and every inspiration seems to excite a new paroxysm; retching is generally present.

*Cortex ulmi* is said to be a very useful remedy.

*Conium* suits nightly attacks of whooping-cough;

the patients have a scrofulous and chlorotic constitution, the cough is exceedingly violent, suffocative, attended with flushes of redness in the face and bloody expectoration.

*Lactuca virosa* is said to remove the anguish with which many children are troubled previous to an attack, and to be useful for violent paroxysms of dry, spasmodic cough.

*Ambra* has been found useful when the cough is accompanied with eructations and hoarseness. Also *Hyoscyam.*, *Arsen.*, and *Laurocer.* *Arnica* is suitable when the paroxysms set in with weeping.

It has been proposed to give a dose of *Aconite* every day. This proceeding is well worthy of a careful trial.

If chronic ailments should have been roused by the whooping-cough, the antipsorics are then indispensable, particularly *Tinct. sulph.* and *Sepia*. I have frequently given *Sepia* at once, at the commencement of the second stage, when the spasmodic cough set in at night, so suddenly that the patients came near being suffocated and the chest was constricted, with shrieks and retching.

Whooping-cough is sometimes complicated with dentition and worm-fever; I have even seen a complication of whooping-cough and intermittent fever, for which I gave *Silicea*, this being the specific for the then prevailing fever. The whooping-cough disappeared with the fever. I tried afterwards to prescribe *Silicea* for whooping-cough without the fever, but found myself obliged to recur to the usual remedies.

§ 228. *Asthma, malum caducum pulmonum, dyspnæa, orthopnæa.*

The general character of asthma is: Periodical spasm of the respiratory organ, paroxysmal difficulty of breathing, accompanied with a sensation of constriction of the chest and violent exertions of all the auxiliary organs of respiration.

The paroxysms generally take place in the evening,

or between sunset until 2 o'clock at night. Generally the patients start from sleep with a sudden feeling of suffocation; a feeling of stricture across the chest, or as of a tight belt or a heavy weight on the chest, stops their breath and obliges them to raise themselves suddenly in order not to suffocate; the patients have not air enough in the closed room, and the windows have to be opened. The breathing, particularly the inspirations, is carried on with great difficulty, and the wheezing, metallic-sounding, rough, rattling inspirations are even heard at a distance. The thorax is not raised as in its natural condition; it heaves upwards and downwards, or is even quite immovable, whilst the cervical, intercostal, dorsal and abdominal muscles, and the diaphragm, work violently, and the patient, in his anxiety, is endeavouring to support himself in any way he can by holding on to any thing in his neighbourhood; the shoulders are raised like a pair of wings, and the præcordial region is drawn inwards along the region where the diaphragm is inserted. The patients are unable to speak, swallow, cough; all these movements increase the spasm.

The features express anguish, fear, fright; the wings of the nose are widely distended, the face is blue-red, the eyes protruded from their sockets, the vessels of the conjunctiva are very much congested, the jugular veins are swollen. The extremities are cold, forehead and neck are covered with sweat as from anxiety. The beats of the heart and the pulse frequently remain natural; frequently however, particularly when the heart is organically diseased, its beats intermit, the pulse becomes small; irregular, violent paroxysms may cause vomiting, convulsive movements of various parts of the body, even epilepsy. During the paroxysm we hear in various parts of the chest, by means of the stethoscope, a wheezing, rattling, rumbling, and generally a very feeble and sometimes even a puerile respiratory murmur; the percussion sound is rarely altered. Relief commences when the patient begins to cough up with ease a

tenacious mucus ; the breathing becomes freer, and the anxiety disappears ; sometimes sweat breaks out and the bowels are moved, or the patient is refreshed by a sound sleep.

The paroxysms last from a few minutes to several days, with remissions in the day-time and exacerbations in the evening. During the remissions the breathing is oppressed, but the anxiety is less. The paroxysms occur very irregularly, sometimes every week, month, in the fall or spring, and at other times they intermit several years.

§ 229. *Anatomical changes* : We know of no organic alteration of the thoracic organs, heart, large vessels, pleura, lungs, mediastinum, that has not been met in the bodies of asthmatic subjects ; disorganizations in the brain, spinal marrow, pneumogastric and phrenic nerves, larynx and abdominal organs. On the other hand, there are many subjects in whom no anatomical alteration whatsoever has been discovered. This shows that those alterations are not necessarily the cause of the asthma, inasmuch as they frequently exist without asthma, and asthma frequently occurs without them. Various anatomical alterations, such as : hyperæmia of the bronchial mucous membrane, emphysema of the lungs, dilatation and hypertrophy of the heart, dropsy of the chest, etc. are very often products of the frequently repeated asthmatic paroxysms. (Canstatt).

*Diagnosis and etiology* : The disease can be confounded with angina pectoris, with asthma induced by affections of the larynx, or with night-mare. In angina pectoris the patient experiences a piercing, crushing pain in the region of the heart, under the sternum, extending to the left arm and shoulder ; the pain obliges the patient to stand still, but the breathing remains tolerably free ; the patient's anxiety is not caused by want of air, but by an indescribable agony as of death ; the paroxysms frequently occur in the day-time and during motion ; the expectoration which affords relief in asthma, is likewise wanting.—



In asthma caused by an affection of the larynx, this local disease is easily recognised between the paroxysms; the spasm, by the patient's own statement, commences at the larynx, the patients look as if strangled, they are unable to speak a word, and they press the air with a strong wheezing croupy sound through the half-closed rima glottidis.—Asthma is easily distinguished from nightmare: for, although it occurs likewise at night only, yet it is a state of half-waking, during which the patient remains in a recumbent posture, all unpleasant sensations disappearing as soon as the patient wakes; during the attack the patient feels as if his chest were oppressed by a load; but this does not prevent a paroxysm of real asthma.

Asthma is sometimes hereditary; men are more liable to the disease than women; asthma generally affects persons somewhat advanced in age; among young people we meet the asthma Millari, and the asthma thymicum of Kopp. We distinguish asthma plethoricum, organicum, cardiacum, metastaticum, arthriticum, podagricum, impetiginosum, urinosum (from anuria of old people), humidum, etc. These names are of use only in so far as they point to the more or less specific medicine in every case.

*Prognosis*: It is favourable for a single paroxysm, but unfavourable for the disease itself, since it generally lasts during the patient's life-time. It is generally favourable when the exciting cause can be removed; it is unfavourable when an organic disease is the cause of the paroxysms. In old people the prognosis is much less favourable than in young subjects, inasmuch as the former generally labour under some organic disease. Hereditary asthma is generally incurable. Death is imminent when the patient becomes weaker and weaker, when hydrothorax, paralysis of the upper extremities, hectic fever with irregular, intermitting pulse, swelling of the extremities, continual palpitation of the heart, set in.

§ 230. *Treatment*: This is facilitated a good deal by a knowledge of the cause of the disease. The re-

medies which we employ must not only be directed against the actual paroxysm, but likewise against the disease itself. If we do not know of such a remedy, then it is our duty first to relieve the paroxysm, and then to act against the disease.

I have frequently stopped, or at least relieved, a paroxysm of asthma which had been caused by sudden chagrin, by means of a few doses of *Chamomilla*. It is of great use when the constrictive oppression across the chest sets in in the evening, and had got worse until that time from the moment it had been excited in the day-time by a fit of chagrin. It is likewise useful when the asthma had been caused by a frequent incarceration of flatulence; we see this incarceration very frequently take place in children, in whom it causes asthma, and suffocative fits. This incarceration frequently takes place in the præcordial and subcostal regions, even in perfectly healthy children (livergrown); these regions are swollen so that it is impossible to make an impression in these parts; the children are restless, toss about, cry, draw up their legs, are anxious and short-breathed, and frequently the breathing intermits entirely.

If the paroxysm depends upon congestions of the chest, as are frequently observed in plethoric young subjects in consequence of menstrual, lochial and hæmorrhoidal congestions caused by a sedentary life and constant thinking, spirituous and heating drinks, and giving rise to habitual spasms of the chest characterized by palpitation of the heart, short, panting breathing, oppressions, anxiety, sensation of pressure, fulness, tightness, constriction of the chest: *Nux V.* will be found the best remedy not only for the paroxysm, but for the whole disease. It is particularly indicated when the paroxysm is characterized by the following phenomena: the paroxysm is diminished by turning the body to the opposite side or to the back, or by sitting up in bed, or by rising or lying down. *Nux* is likewise suitable to persons in whom the paroxysm is excited by heavy, anxious, distressing

dreams, such as attack persons who suffer with irregular beating of the heart, abdominal pulsations, hypertrophy of the liver and spleen. It suits melancholy and hypochondriac subjects with atrabilious temperament; it is likewise adapted to those kinds of asthma where the patients complain of the clothes being too tight, and chest and abdomen being oppressed by them; nevertheless, putting off one's clothes makes the asthma worse instead of better. Asthma, when depending upon cardialgia, is so frequently relieved by *Nux* for this reason, that *Nux* removes so many kinds of cardialgia.

*Arsenicum* is a specific for asthma when it depends upon a dilatation of the heart, hypertrophy, emphysema or œdema of the lungs, hydrothorax, chronic bronchitis, hyperæmia of the bronchial mucous membrane, tuberculosis (scrophulosis), abuse of *China* or *Iodium*. *Ars.* is more particularly indicated by the following symptoms: frequent cough during motion as if caused by the vapour of Sulphur, particularly at night, attended with constriction in the trachea and suffocative fits; or even without cough this suffocative oppression of the chest and arrest of breathing set in in full-grown persons, a real spasmodic asthma, accompanied with anguish and restlessness, as if the whole chest would be constricted; the patient cannot speak a word without making the asthma worse, which sets in particularly in the evening.

The asthma caused by copper and arsenious vapours, is relieved by several remedies, the paroxysm itself by *Ipecac.*, then *Nux vom.*, *Hep. sulph.* and sometimes *Merc. sol.* The proper antidotes should be administered between the paroxysms, to eradicate the constitutional ailments which had been occasioned by those poisons.

If an asthmatic spasm be caused by the vapour of Sulphur, *Pulsatilla* is the best remedy to stop it; it is likewise the best remedy for asthma caused by the abuse of sulphur-water. I have frequently been led to give *Pulsatilla* by the good-natured, mild counte-

nance of the patient, that seemed to invite pity, a reflex of the patient's character in his healthy days; it is likewise useful when the asthma depends upon hypertrophy of the pulmonary mucous membranes; this condition is recognised by the fact, that after the abatement of the paroxysm, the patient is relieved by raising large quantities of disorganized mucus, after the discharge of which a physical examination reveals in many places the bronchial respiration, as in partial emphysema of the lungs; this kind of asthma might be termed asthma humidum. *Pulsat.* is likewise useful in the asthma senile and urinosum of old people, where the audible vesicular breathing points distinctly to œdema of the lungs and scattered interstitial tubercles. It is highly recommended in the asthma menstruale and cardiacum of chlorotic and hysteric subjects.

In the above-mentioned varieties of asthma, *Stannum* ranks with *Pulsatilla* when the constrictive oppression of the chest sets in in the evening, causes an extreme anguish, and obliges the patient to loosen his clothes; recovery does not always take place by raising large quantities of mucus at once, but by mucus being coughed up gradually.

*Colchicum* may be tried in asthma cardiacum with dilatation of the heart occasioned by acute rheumatism; also when the heart is hypertrophied and the paroxysm is raised to the highest pitch by the least change in the weather, with icy-cold extremities, excessive restlessness, anguish, and sudden prostration of strength. *Colchic.* is likewise useful in asthma attended with œdema of the lower extremities (this being a characteristic symptom of affection of the heart, according to Kreyssig), or with constant urging on the bladder, like spasm of the bladder, and painful discharge of a small quantity of urine.

I have used *Ammon. carbon.* in a few cases of asthma, with repeated palpitation of the heart, considerable œdema of the feet, and an asthmatic state every evening which continued until midnight and

was relieved by the admission of open air. The symptoms were relieved, except the palpitation.—*Ammon. carb.* is known as an excellent remedy in hydrothorax.

*Belladonna* is excellent in asthma plethoricum, cardiacum, metastaticum, hæmorrhoidale, laryngeum, not only for the paroxysm, but for the disease itself. I do not consider it necessary to describe the symptoms more particularly.

I have found *Ambra*, second or third trit., an useful remedy in asthma siccum and senile, particularly when the oppression was principally felt in the left chest, extending from the heart to the back and between the shoulders, attended with palpitation, anguish, arrest of breathing; it likewise proved useful in asthmatic ailments of scrofulous subjects.

*Cannabis* is suitable when the patient can only breathe in a sitting posture with the neck stretched forward, attended with wheezing in the trachea; the abdominal muscles have to be put violently on the stretch during every inspiration; the patient is exceedingly restless and tortured by anguish. These symptoms always occurred before midnight, in bed. The patient was suffering with organic disease of the heart (hypertrophy) and hydrothorax thence arising. The effect of *Cannabis* was very striking.

*Tartarus emeticus*: The suffocative distress depends upon constriction of the air-passages; it increases gradually from evening till morning, and then decreases again as gradually; during the paroxysm the anguish is sometimes increased by sudden violent beats of the heart as if the heart would start out of its place. In the present case, though there was occasional palpitation between the paroxysms, yet no organic disease could be discovered, showing that *Tart. emet.* suits asthma with or without organic affections of the heart. Plethoric asthma is perhaps the more immediate sphere of action for that agent.

*Moschus* is suitable to hysteric or hypochondriac subjects, when the attack was developed by the body

getting cold. The paroxysm commences with difficulty of breathing, increases to constriction of the chest, and finally becomes a suffocative spasm of the lungs which drives the patient to despair; there is no cough, perhaps a slight irritation at the commencement.

*Oleum animale.* The asthma is occasioned periodically by a flatulent distention of the whole abdomen, particularly of the subcostal regions, or it is caused by a spasmodic contraction of the larynx. *Kali carb.* may be tried under similar circumstances, and particularly in the dynamic asthma, or when the lungs are partially destroyed.

*Nitri acidum* is an excellent remedy to eradicate the asthmatic disposition. It is particularly useful to delicate constitutions, persons with sensitive nerves and irritable temperaments, particularly when the organism had been weakened by mercurial treatment, or by syphilitic, scrofulous or herpetic diseases. The patient complains of fluent coryza, roughness of the throat, husky voice; as the coryza diminishes, the chest feels oppressed; if the coryza disappear entirely, the oppression increases to complete loss of breath, attended with palpitation of the heart and anxiety on ascending an eminence; or the patient complains of constant dyspnœa, he is scarcely able to breathe, worse on leaning backward; sometimes the dyspnœa is attended with anxiety, particularly when walking fast; when reaching the most violent degree, the disease increases to a spasmodic oppression of the chest, with rush of blood to the heart, languor, anguish, which is excited by the least emotion.

*Lobelia inflata.* This remedy seems to be principally adapted to asthma depending upon degeneration of the bronchial mucous membrane occasioned by chronic inflammation of the air-passages. The characteristic symptoms for *Lobelia* are: Dyspnœa, also with oppressed, hurried respiration, frequent desire to take a deep breath, oppressive asthma, sometimes after the least exertion and after exposure to the least

draught of air, and after eating heavy food ; periodical spasmodic asthma of full-grown persons.

*Lactuca virosa* relieves spasmodic asthma occasioned by organic diseases of the heart, hydrothorax : great tightness of the chest, which rouses one from sleep at night and obliges one to sit up suddenly as if in anguish, with heaviness on the chest which increases to stricture.

*Digitalis*. This medicine is useful in asthma complicated with thoracic disorganizations. It is supposed that *Digitalis* is indicated by a disturbed action of the heart and slow pulse ; but I have always employed it with success when the disturbed action of the heart manifested itself equally in the pulse. The increased action of the heart depended upon incipient disorganization of that organ and its vessels, and the asthma caused by that disorganization was characterized by the following symptoms : Roughness in the trachea which had existed for some time previous, accompanied with a short, hacking cough, and gradually leading to laboured breathing which increases to a spasmodic constriction of the larynx and chest, with suffocative anguish which is particularly troublesome early in the morning, on waking, and obliges one to sit up. *Digitalis* is therefore an excellent remedy for asthma cardiacum, organicum, metastaticum, hydrothoracicum.

*Sulphur* is a most universal remedy for asthma. There is scarcely a case of asthma where *Sulphur* is not used. It suits almost every constitution and temperament, and antidotes the bad effects of a number of metallic poisons. *Sulphur* is particularly useful for the following conditions : Rough and deep voice when the weather is cold and damp ; accumulation of mucus in the throat and chest, exciting a cough which causes a spasmodic contraction of the chest ; difficulty of breathing, more when sitting than when walking ; he is unable to take deep breath, because the chest then feels contracted, the breathing is sibilant ; excessive dyspnœa after a walk, continuing

for hours ; spasmodic asthma of full-grown persons ; mucous asthma, after having made a few steps, her chest feels constricted, and she has to stop a little while to take breath ; this difficulty seems to be caused by an impediment in the pit of the stomach where an adhesion seems to exist ; oppression on the chest, externally, with anxiety, relieved when lying and sweating ; periodical arrests of breathing, in every position and at every hour of the day ; suffocative attacks, particularly at night, during sleep, the patient starts up with a loud cry and is unable to recover his breath ; towards morning the heart begins to palpitate and some sweat breaks out ; tension in the chest, anxiety and weight on the chest, pressure as from a lump ; contractive pain about the chest, painful screwing together in the chest ; periodical constrictive spasms in the chest, with blue face and short breath, particularly in the evening, in a warm room, attended with violent palpitation of the heart, worse during motion, passing off when lying in bed, occasioned by congestion of blood to the chest and orgasmus sanguinis in the chest, shocks in the region of the heart, with arrest of breathing and anxious palpitation of the heart.

§ 231. *Phosphorus*, *Sepia*, *Acid. phosph.* are likewise useful remedies in some cases of asthma. *Arg. nitr. cryst.* may prove useful in asthma caused by various disturbances of the circulation.

As palliatives for the relief of the patient during a paroxysm, I recommend

1) The use of *animal magnetism* in the following fashion : Apply one hand flat on the pit of the stomach, the other on the larynx, or, if this should cause anxiety, on the forehead of the patient ; sometimes I employ a light pass with both hands and closed thumbs, from the larynx down to the pit of the stomach, a little below that region. The homœopathic specific remedy may be continued at the same time.

2) *Coffee*, pretty strong, a large tablespoonful every five or ten minutes. If the patient be not relieved after the third dose, other means have to be resorted to.



3) *Camptor* is likewise a palliative, but only in certain cases. I use it in asthma humidum with very irritable nerves, and particularly when the larynx and bronchial tubes are so filled with mucus that the patient is almost suffocated, which is easily inferred by the movement of the patient's hands and by the spasmodic contortion of the facial muscles.

4) *Tabacum*, first or second att., or the smoke of tobacco if the patients are not used to it; it relieves the anguish in asthma organicum, cardiacum, when depending upon stenosis of the left heart.

Other palliative remedies are: *Ipec.*, *Puls.*, *Ignat.*, *Nux vom.*, *Ambr.*, *Colch.*, *Digit.*, *Arsen.*, *Tart. stib.*

§. 232. *Asthma Millari, Asthma laryngeum, spasm of the glottis.*

The two latter names belong more properly to the asthma thymicum of Kopp; I have classed both varieties under the same head, because the treatment is the same.

The pathognomonic symptom of asthma laryngeum is a sudden and violent interruption of breathing for a few minutes, after which the children resume their respiration with a crowing noise.

The lowest degree of spasm of the glottis is frequently observed in children with a vehement temperament, when they get out of breath in consequence of a violent fit of anger or violent cries. If the disease be more violent, the spasm sets in suddenly, generally on waking from sleep, or, after fright, anger, in consequence of crying, laughing, a cold, or a drop of liquid getting into the larynx while drinking, or without any perceptible cause; the spasm commences with a whizzing, exceedingly fine, almost crowing inspiration, which is several times repeated with great force until the breathing stops entirely; the children gasp for air with the most violent exertions, they turn pale and blue, the eyes protrude from their sockets, cold sweat appears on the forehead, and the pulse be-

comes small ; this lasts from one to ten minutes, after which the breathing is resumed with a shrill, crowing expiration attended with crying ; the child soon goes to sleep and wakes quite well, except some languor. There are scarcely ever any other morbid symptoms present, except in very few cases a little cough and difficulty of breathing ; the appetite generally remains good ; in a few cases the digestion is deranged, the abdomen distended and diarrhœa is present. At first the paroxysms occur rarely, at night, during the first hours of sleep ; gradually they become more frequent, and may even take place from 40 to 50 times a day.

In the second or convulsive stage the following symptoms supervene : Rigidity of the muscles, bending inwards of the carpal and tarsal joints, clenching of the thumbs, bending backwards of the spine, staring eyeballs turned upwards, involuntary stool and emission of urine, the tongue is hanging out at the mouth, irregular, intermitting beating of the heart, cold extremities, distorted countenance. Even between the paroxysms the child remains unwell, it looks pale, languid, drowsy, is peevish and prostrate, the sleep is restless and interrupted by starting, pulse and respiration are constantly hurried, the cheeks are covered with a circumscribed redness, the strength of the patient is sinking more and more, and hectic fever sets in.

Some physicians assert they have observed premonitory symptoms, such as disposition to get something into the windpipe when swallowing, immediately before the setting in of the paroxysm, screams with long inspirations, paroxysms of laboured breathing which sometimes intermit for days, nervousness ; or : restlessness, disposition to start, flatulence, slight tonic spasms, rattling in the trachea, etc.

§ 233. *Distinguishing characteristics* of this disease : Many physicians pretend the disease is a variety of croup ; but there is no fever between the paroxysms, there is neither cough nor local pain in the larynx, the intermissions are well marked and continue fre-

quently for days, the paroxysms may set in in all their violence from the very commencement, the symptoms do not increase as in croup, there are no catarrhal symptoms either previous to the disease nor during the intermissions, the children are quite well between the paroxysms, there is no hoarseness, the disease lasts much longer than croup, etc. The disease is easily distinguished from whooping-cough; the similarity extends only to the wheezing breathing; the violent cough which terminates in retching and vomiting and is always present in whooping-cough, never exists in asthma millari; the paroxysms of whooping-cough occur at night as well as in the day-time, and a catarrhal stage is always present, quantities of tenacious mucus are likewise thrown up; all these symptoms are wanting in asthma millari. Cyanosis always depends upon congenital organic defects of the circulatory apparatus, which can be diagnosed by means of the stethoscope through the continual irregularities of the beats of the heart; the symptoms of suffocation show themselves even a few days after birth, whereas the asthma sets in in the first period of dentition, or even afterwards; cyanosis is attended with a peculiar rattling or wheezing, accompanied with violent cough.

*Etiology:* The disease generally occurs between the 6th and 18th month, seldom later; boys are more liable to it than girls; it is sometimes hereditary, and it happens that all the children of a family are visited by it. Such children are generally of a delicate constitution, pale, lymphatic, scrofulous, the scrofulous habit manifesting itself by eruptions on the head and face, otorrhœa, glandular swellings. Many physicians consider this asthma as a disease inherent to the period of development; more frequently, however, the disease is excited by catarrh, bronchitis, croup, whooping-cough, measles, hydrocephalous fevers, cold, particularly in the cold, damp season.

*Prognosis:* It depends upon the age and constitution of the patient; the older and more robust the patient, the less dangerous the disease; the prognosis

is likewise depending upon the causes and complications of the disease, and upon its duration and course; the convulsive stage and the termination in hydrocephalus are very dangerous. (*Canstatt*).

§. 234. *Treatment*: One of the principal remedies for the spasm which is the characteristic pathognomonic symptom in asthma millari, is *Sambucus*. The indications are the following: The patient wakes from his slumber with his eyes and mouth half open, and has to sit up suddenly on account of want of breath; the inspirations are short and sibilant, with occasional suffocative fits, during which he throws his hands about, face and hands are swollen and bluish, with dry heat all over, without thirst, and irregular, small, intermittent pulse; the patient cries when the paroxysm is setting in; there is no cough, and the paroxysm generally sets in about midnight.

*Arsenicum*. The paroxysm is preceded for several days by slight catarrhal symptoms; the little one goes to sleep quietly, and the spasm develops itself gradually and visibly; the breathing becomes shorter, sibilant, until the spasm sets in in all its violence with a loud whizzing cry and sudden suffocation as if the patient would die.

*Menyanthes trifoliata* ranks with *Sambucus*, except that the spasm is lighter, though it comes on suddenly and the breathing is exceedingly laboured.

*Moschus* is useful for sudden constriction of the larynx, with desire to take a deep breath.

*Veratrum*. Suffocative constriction of the larynx, with imperceptible breathing, contracted pupils, or protruded eyes; laboured breathing between the paroxysms.

The following remedies may be given for paroxysms of nocturnal anguish: *Ignat.*, *Ipec.*, *Bellad.*, *Puls.*, *Lau- roces.*, *Nux v.*, *Aconit.*, *Angust.*, *Stramon.*, *Calcar.*, *Lycop.*, *Phosphor.*

§. 235. *Incubus, nightmare.*

It occurs only to plethoric subjects, during sleep, in a recumbent posture, and when the stomach is full. One who is attacked with nightmare is in a sort of half-sleep, and is sufficiently conscious to know that his sufferings are not real, but imaginary; nevertheless, this condition cannot be removed by the mere force of the will; he is unable to stir, raise himself or cry out. Generally nightmare takes place in the first part of the night, after previous dreams, the patient imagining that he is seized by some wild beast or phantom which oppresses his chest and causes anguish and a feeling of suffocation. The attack lasts only a short while, sometimes however a few hours, and occurs even several times in the night. The patient generally wakes suddenly, with a sensation of languor, sometimes sweat on the upper extremities, trembling of the whole body, palpitation of the heart, headache; all these symptoms disappear very soon, and no further unpleasant consequence is perceived.

In many cases the disturbance may be left to nature; but, if it should recur very frequently and if the frequent congestion of blood to the chest should expose the patient to the danger of some organic disease, it is proper for the physician to interfere. The patient should avoid coffee, and, if the disease should have been occasioned by the abuse of heating, spirituous drinks, or by overloading the stomach, *Nux v.* will be found a specific remedy.

If the attack should be preceded for some days by orgasmus sanguinis, flushes of heat in the face, frequent palpitation of the heart with anxiety and restlessness, oppressed breathing, heat, increased thirst, *Aconite*, in repeated doses, not too weak, is the best remedy.

*Opium* is indicated by the following symptoms: Sopor, stertorous breathing with the eyes and mouth half open, he cannot be roused, the face is covered with cold sweat and the features express anguish;

the breathing is spasmodic, paroxysmal, and the limbs twitch at times.

*Silicea* corresponds to great anguish, sensation as if a heavy rough beast were lying on him, so that he is unable to utter a sound; dreams after midnight, in a state of half-waking, as if he would be seized by a thousand phantoms; after waking he is unable to stir, he is covered with sweat, experiences great anguish with palpitation of the heart, afterwards great fearfulness.

*Puls.*, *Bryon.*, *Bellad.*, *Con.*, *Guajac.*, *Ignat.*, *Nitr.*, *Sulph.*, *Ammon carb.*, are also useful in nightmare, the last named particularly when the attack takes place while going to sleep; *Guajacum*, when the attack occurs in a recumbent posture; *Cinnabaris* is recommended when the attack takes place after midnight.

#### § 236. *Suffocative catarrh.*

This disease is, properly speaking, a variety of acute capillary bronchitis or of pneumonia notha. From various reasons I have classed it in the category of asthmatic diseases. Bronchitis can only be termed suffocative catarrh when the excessive accumulation of mucus in the bronchi induces an anguish of suffocation which finally leads to acute cyanosis, until the patient is actually suffocated by the mucus in the bronchi, the rattling of which is heard far off. Such a condition sometimes sets in suddenly, without any considerable precursory symptoms except some coryza and bronchial catarrh. Suffocative catarrh cannot take place unless the mucus is accompanied with a spasmodic irritation of the respiratory apparatus. During this spasm the patient sometimes succeeds, after a paroxysm of excessive orthopnoea, to raise an enormous quantity of serous, transparent, albuminous or slimy matter, after which the respiration and circulation are more easy. Suffocation takes place very easily. The stethoscope reveals an enormous accumulation of fluid in all the bronchial

ramifications, over the greatest portion of the chest. Fever is frequently wanting entirely. The attacks recur at longer or shorter intervals; if œdema of the lungs should supervene, death is pretty certain. The disease sometimes runs its course in a few days or hours.

§ 237. *Treatment*: *Ipecac.*, *Coffea*, *Camph.*, *Sambuc.*, *Chamom.*, *Pulsat.* are the best remedies at the commencement of the disease, and sometimes prevent its further development. *Chamom.* is suitable to children when the suffocative paroxysm announces itself with titillation in the throat, rattling in the larynx and chest, violent cough, also with convulsions, colic, etc. A sudden, suffocative oppression of the chest, similar to suffocative catarrh, attended with excessive accumulation of mucus in the air-passages, and panting breathing, is best met by *Champhora*, from the first to third att., in the case of children. *Ipecac.*, not too high, and frequently repeated, is excellent for ineffectual urging to vomit, in cases where catarrh with increased secretion of mucus had existed for some time previous, after which the suffocative catarrh had set in with rigidity of the body and blueness of the face.

If the disease cannot be arrested by any of the afore-mentioned remedies, or the suffocative paroxysm sets in suddenly, *Arsenic* is the best remedy, except in a few cases, *Belladonna*, *China*, or *Veratrum*.

If, during an inspiration, a mucous rattle should be distinctly perceptible deep in the chest, with an anxious heaving of the chest in order to get rid of the torturing irritation; if the cough should have a dull, hollow, rattling sound, and if the patient should not have strength enough to diminish the irritation by coughing up the mucus which accumulates deep in the lungs: then we may infer that paralysis of the lungs is imminent. This termination of the disease occurs principally among children and old people, and is to be met by repeated doses of the first and second trituration of *Tart emet.* To old people, how-

ever, I first give the *spirits of Camph.* in drop-doses, every 5 or 10 minutes, and afterwards *Baryt. carb.*

§ 238. *Angina pectoris, neuralgia of the heart.*

Pathognomonic symptoms of angina pectoris: Horrid pain in the region of the heart, under the sternum, setting in suddenly, paroxysmally, extending over the chest, neck, arms, diaphragm, accompanied with a sensation of fainting and internal annihilation; the patient has to stand still and hold fast to some fixed object.

*Course of the disease:* The paroxysm frequently sets in without any precursory symptoms, which is characteristic of the disease; low-spiritedness, indescribable restlessness, stretching of the extremities, cloudiness of sight, are sometimes felt previous to the paroxysm.

The neuralgic pain is characterized by a feeling of approaching syncope, anguish as of death; the pain itself varies, pressing, constriction or distention of the heart, as if it would break; or sensation as if the heart remained standing still; or the pain is cutting as if the chest would be cut to pieces. The pain is relieved by quiet and by pressing the chest against something hard. The breathing is apparently arrested, the patient thinks he will suffocate, is speechless. Palpitation is not always present; the beats of the heart are rather fluttering, irregular; the pulse is generally small, feeble, somewhat accelerated, frequently irregular; sometimes, however, it is hard, full, unaltered, even slower than usual, symptoms which point to organic disease of the heart. During the paroxysm the face and extremities are cold, covered with cold sweat; the features are spasmodically distorted, and the senses vanish; generally, however, the patients retain their consciousness during the paroxysm.

At the commencement of the disease the paroxysm lasts only a few minutes, afterwards it lasts a little longer, but is then less violent; the spasm abates



when eructations and sweat take place ; sometimes it terminates in vomiting or discharge of flatulence ; sometimes in cough with expectoration of mucus. At first the paroxysms recur at long intervals, even after the lapse of years, afterwards they become more frequent, and are excited by the least cause, such as : exertions, ascension of eminences, walking against the wind, dietetic transgressions, emotions, mental exertions, etc. ; also coughing, talking, yawning, sneezing, or any kind of motion.

§ 239. *Anatomical changes* : Those who die of angina pectoris have generally been affected with considerable structural alterations of the heart, or of the larger vessels, particularly the aorta, such as : dilatation or ossification of the aorta, cartilaginous or ossified condition of the coronary arteries, ossification of the valves, hypertrophy and dilatation of the heart, inflammation and swelling of the mediastinum, accumulation of fat around the heart, ossification of the costal cartilages, adhesion of the heart and pericardium, varicose state of the veins of the heart, pulmonary disease, hydrothorax, etc.

*Causes* : Severe cases occur rarely before the fiftieth year ; lighter cases occur among young people. Men are more liable to this disease than women. Other causes are : anomalous gout, hysteria, hypochondria, excesses in diet, drunkenness, want of exercise, chronic dyspepsia, care, emotions, etc.

Angina pectoris, however, may exist without any organic alterations being present. It is a neuralgia of the cardiac nerves, a purely dynamic disease, in spite of the modern anatomico-pathological school, which rejects this theory because no structural alterations of the nerves can be discovered.

The disease can last twenty and more years, and may, on the other hand, terminate fatally after a few attacks. Sometimes it ceases entirely after a few paroxysms. Perfect recovery is very rare. In some cases the disease alternates with other arthritic complaints, the feet swell, or evacuations by the skin and

bladder take place ; sometimes erysipelas breaks out on the feet, relieving the chest. The disease has likewise been known to alternate with other nervous diseases, gastralgia, ischias, headache, etc., or to terminate in organic disease of the heart, cachexia, dropsy. Generally, however, the patient dies during a paroxysm, previous to these disorganizations setting in.

*Prognosis* : It is generally unfavourable, particularly when the cases are old, or complicated with disorganizations, when the paroxysms are violent, and follow each other rapidly in consequence of trivial causes, and when the intermissions are not entirely free from pain. The prognosis is less unfavourable when the disease depends upon gout, hysteria, spinal irritation, when the paroxysms are rare and not too vehement, and the patient is young in years. (*Canstatt.*)

§ 240. *Treatment* : During the paroxysm the patient should be relieved of every pressure, even that of his clothes, and he should keep perfectly quiet, in an erect posture ; a recumbent posture is intolerable. It is of great use to bathe the hands and feet in warm water, to rub the skin with woollen cloths, to apply warm cataplasms and animal magnetism. Cold affusions, applications of cold water to the chest, may likewise prove useful ; experience will have to decide on this point.

*Arsenicum* is a specific remedy for this disease, provided the structural disorganizations of the heart or larger vessels are not too considerable. It is indicated when the patient is unable to breathe except with his chest bent forward, and then only very imperceptibly ; when the least motion causes a loss of breath ; when an oppressive stitching in the region of the heart is attended with fainting and anguish ; when even getting into bed causes a loss of breath, and the patient requires a long time to recover himself ; when the attack is renewed by merely turning round in bed. *Arsenic* is certainly a truly excellent

remedy when the disease is purely dynamic ; though it can only palliate the pain when extensive disorganizations are present, in which case the least cause may provoke a new paroxysm.

*Digitalis* is indicated when the action of the heart is more vigorous than the pulse ; or when the disease sets in suddenly, and drawing-tensive spasmodic pains in the left chest and sternum, towards the nape of the neck and upper arm, and an indescribable deathly anguish are present.

*Sambucus* may likewise prove useful in angina pectoris (see *Asthma millari*).

*Angustura* may be tried in the lighter cases, when the chest is in constant motion, and this is aggravated by the least exercise, going up stairs, etc., attended with anxiety and palpitation of the heart, cutting shocks in the sternum and back, or painful shocks in the region of the heart.

*Lactuca virosa* deserves consideration, when a crampy stitching in the left chest, extending to the left scapula, and an indescribable tightness of the whole chest, are experienced.

*Veratrum album* : periodical attacks of contractive crampy pain in the left chest, or cutting pain with excessive agony, arresting the breathing, and extending even to the shoulder.

*Asa fætida* and *Sepia* are likewise to be considered.

I have frequently arrested or moderated an attack by repeated doses of *Aconite*. *Ipecac.* may be tried, when the patient frequently experiences an urging to vomit during the paroxysm.

*Bellad.*, *China*, *Spongia*, *Iodium*, *Mercur.*, etc., are suitable intercurrent remedies.

#### § 241. *Neuroses of the genital system.*

HYSTERIA, ASTHMA UTERI, SUFFOCATIO UTERINA, PASSIO HYSTERICA.

In describing the treatment of this disease, or rather of this multitude of diseases, I shall follow the arrangement of Schönlein and Canstatt.

Hysteria is the name for a vast number of female diseases. It occurs in the most varied forms, which makes the treatment of hysteria rather difficult. A sudden change of the phenomena of disease is characteristic of hysteria. Vehement symptoms frequently set in without any apparent cause, and then disappear again as suddenly, or change to some other form of disease, or give place to perfect health and cheerful spirits.

The psychological phenomena are very characteristic. Hysterical females are capricious, their emotions and feelings are very changeable; from deep grief they sometimes pass over to the liveliest mood; they always consider themselves very sick and want to be pitied; they affect to be very sick, in various ways, sometimes only to excite interest; their eyes are humid, languishing, half closed; the nerves are very sensitive, idiosyncrasies are more strikingly developed.

*Symptoms of hysteria* : General malaise, sadness or excessive cheerfulness, loquacity, restlessness, anguish, slight convulsions and pains in all the limbs, moaning and yawning, urging to urinate, discharge of watery urine; sensation as if a ball were rising with a rumbling noise from the left side of the abdomen to the epigastrium, where it causes a retching and vomiting, or it rises in the throat and causes a constriction in that part. This is followed by convulsions: the patients strike their breasts with their fists, and are tossed up in the air, in consequence of which they have to be watched with great care, lest they should hurt themselves. In this condition they generally remain conscious; they scream, howl, laugh, sob spasmodically. During the remission the patients are exhausted, delirious, soporose, or they are in ecstasy, or in a state of somnambulism; soon, however, the convulsions return and the same scenes recur sometimes every three or four minutes. Such a paroxysm may last for several days, after which it frequently terminates in asphyxia, coma, rising of air, or in weeping, sobbing, laughing, increased secretion of mucus from

the genital organs, or increased discharge of watery urine. At first the pulse is small, contracted, the face pale, the extremities cold; afterwards the patients feel exhausted, the pulse gradually becomes fuller, and the temperature of the skin returns.

This is the usual character of hysteric convulsions; in a higher degree the convulsions increase to St. Vitus' dance, tetanus, catalepsy, even epilepsy with loss of consciousness. Sometimes the paroxysm sets in without any known cause; sometimes they are excited by emotions, cold, dietetic transgressions. Sometimes they are inconsiderable, and recur every week or month; as the patients grow older, the paroxysms become more frequent and more intense; the patients, however, always look well, and remain fleshy.

§ 242. *Local forms of hysteria.*

1) *Hysteric headache* (encephalopathia hysterica, hysteria cephalica): hemicrania, clavus, sensation of coldness at the occiput, sopor and coma, symptoms of threatening phrenitis, delirium, obstinate sleeplessness. It is characteristic of these ailments, to cease suddenly, and to alternate rapidly with other ailments; pale face, watery urine, small pulse, etc., are likewise characteristic.

2) *Hysteric states of the mind*: To these belong the frequent repetition of certain syllables, words, sentences, tunes; nymphomania.

3) *Hysteria spinalis, myelopathia hysterica*. This spinal irritation is generally sympathetic. The pain is generally a drawing through the whole of the vertebral column, accompanied with pains in the extremities, formication, contraction of the muscles, cramps in the calves, paralytic states, neuralgic affections of the thoracic and intercostal nerves, joints. This pain is rarely seated, generally fleeting, and erratic.

4) *Hysteria uterina, neurosis uterina, spasmus hystericalgicus*. The patients complain of pain, tightness in the hypogastric and pubic regions, frequently attended with drawing pains in the loins and small of the back,

following the course of the round and broad ligaments of the womb; they feel as if the uterus were forcibly drawn up from the small to the large pelvis. At times these pains are colicky, at others they are attended with a sensation as if a ball were ascending. The sexual instinct is sometimes violently excited. The menses are generally disturbed: at times they are scanty, at others profuse, they are always irregular, and come on by fits and starts; they are accompanied with leucorrhœa. The paroxysms are most violent at the time of the menses, first periodically; if the menses have become irregular, the paroxysms occur at irregular periods.

5) *Hysteria vesicalis, nephro et cystopathia hysterica*. The patients are attacked with violent, contractive, and frequently burning pains in the lumbar region, along the course of the ureters, through the whole pelvis, in the region of the bladder, without sensitiveness to hard external pressure, which distinguishes the disease from nephritis and cystitis; violent desire to urinate, no urine being passed, or but very little and with violent pains (*ischuria and stranguria hysterica*); the urine is clear, sometimes like water.

6) *Hysteria intestinalis, colica hysterica*. The spasm generally commences in the region of the cœcum or of the sigmoid flexure, with a sensation as if a ball were lodged in these parts which is constantly increasing in size. The pain is like a violent colic, burning, tearing, as if the bowel were torn to pieces with knives. The patient screams when one merely attempts to touch her, whereas she bears hard pressure, provided her attention is directed to something else in the meanwhile. Borborygmi, tympanitis, sometimes enormous distention of the transverse colon, with anxiety, shortness of breath, vomiting, etc. No trace of fever.

7) *Hysteria gastrica, gastropathia hysterica, cardialgia hysterica, pyrosis hysterica*. The patients complain of a constrictive, or burning, or spasmodic pain in the stomach, with oppression, nausea, vomiting;

dread of contact, and yet they bear the hardest pressure. The patients bear very little medicine.

8) *Hysteria pulmonalis, asthma hystericum*. Hysteric females sometimes suffer with violent oppression of breathing, suffocative anguish, stitching pains in the chest, yet they are able to take deep inspirations. Sometimes cough is present, at others there is not any : it is dry, barking, sometimes like whooping-cough. In many cases the patients breathe only with the abdominal muscles, in other cases the breathing is panting, anxious, or the patients breathe only while sitting up in bed. Percussion and auscultation do not reveal any changes in the lungs, no fever.

9) *Hysteria laryngea, laryngopathia hystERICA*. The patients complain of a loud, dry, almost barking cough, in paroxysms, occasioned by emotions and nervous excitement, sometimes attended with spasm of the rima glottidis, and croupy respiration. Another form is *hoarseness and aphonia*. It comes on suddenly, lasts for months and years, and then disappears again suddenly ; sometimes, after a violent mental excitement, the patient talks with her usual voice, whereas a few moments previous she was only able to speak in a very low tone. Hysteric females sometimes utter sounds like those of certain animals, dogs, etc., paroxysmally.

10) *Hysteria cardiaca et vascularis, cardio- et angiopathia hystERICA*. Hysteric patients complain very frequently of palpitation of the heart and anxiety in the region of the heart ; the former is sometimes visible ; sometimes it occurs periodically, and becomes so violent that one would think the heart would burst out of the chest. The pulse is frequently irregular, slow and then again quick.

11) *Globus hystericus, pharyngopathia hystERICA*. Sensation of constriction in the throat, as if a ball had lodged in it, sometimes relieved by eructations. Sometimes a spasm occurs when the patients attempt to drink. (*Hydrophobia hystERICA*.)

There are other local forms of hysteria, which it is unnecessary to mention.

§ 243. The *anatomical changes* which have been discovered in the bodies of hysteric females, are not causes, but effects of the disease. The essence of the disease is very little known, the effect being generally mistaken for the cause.

*Causes*: Canstatt considers hysteria the hypochondria of females, and hypochondria the hysteria of males. Hysteria, however, is much more frequent than hypochondria: even girls of 12 and 13 years are suffering with hysteric symptoms. Feeble persons are principally attacked with hysteria, though plethoric girls and women are likewise liable to that disease. The more sensitive the female, the more liable is she to the disease. The modern systems of education, reading of novels, premature sexual excitement, sedentary habits, want of exercise, etc. favour the development of hysteria. Hysteria most frequently proceeds from the sexual organs: sterile females and young widows are most liable to it; painful, irregular menses are likewise an exciting cause; pregnancy frequently arrests and even cures the disease; vain longing, disappointed love, impotence of the husband, sudden privation of long-enjoyed sexual intercourse, etc., may lead to the disease; it may likewise be excited by a rapid succession of confinements, hæmorrhage, long-lasting leucorrhœa, long nursing, abuse of depletions and cathartics.

Exciting causes are likewise: bad digestion, constipation, dietetic transgressions, excessive use of tea, coffee, exhausting diseases, particularly fever and ague and abdominal typhus, violent emotions, anger, jealousy, etc.

Hysteria sometimes terminates in epilepsy, somnambulism, mental diseases, and partial paralysis.

*Prognosis*: It is unfavourable in this respect that hysteria is one of the most lingering and protracted diseases known to physicians. It is particularly difficult to treat when the disease was caused by emotions or by scanty menses which had been treated in vain for a long time previous. Bad symptoms are: Long



paroxysms of syncope, excessive dyspnœa, loss of the senses and of consciousness, foam at the mouth during the paroxysm ; these symptoms precede the termination of the disease in epilepsy. Hysteric paroxysms during pregnancy are dangerous, inasmuch as they easily cause miscarriage ; and likewise during confinement, because, by a process of metastasis, they may lead to mania puerperarum, exhaustion, etc.

§ 244. Before describing the treatment of hysteria, I will transcribe the excellent advice of Schœnlein to the practitioner : “ The treatment of hysteria is a very difficult task for the physician, not only because the diagnosis is difficult, and the disease runs a long course, but because there are spiritual obstacles. The physician’s patience is sometimes tried to the utmost : for, though persuaded that the disease is of very little consequence, yet he is constantly obliged to listen to the patient’s lamentations, and to hear the same complaint repeated for the hundredth time, without getting impatient ; for if he should excite the least suspicion in the patient’s mind that he underrates her sufferings, her confidence is irretrievably lost. If a physician wants to treat hysteric females, he must show them the greatest sympathy, must patiently listen to their complaints, must not appear vexed or indifferent, unless he cares to be dismissed.”

There are few remedies in the homœopathic Mat. Med. which have not been employed in the treatment of hysteria. Almost every organ and system has been visited by this disease, every function has been disturbed by it. And yet, the phenomena of hysteria are so evanescent that it seems impossible to indicate positive remedies for them. Nevertheless, guided by the nervous symptoms and the physical distresses of the patient, I will try to point out some of the principal remedies to the beginning practitioner.

For the hysteric paroxysm mentioned in § 241, one of the principal remedies is *Nux moschata*, which is particularly adapted to hysteric spasms and paroxysms of debility. It is indicated by a changeable disposition,

from excessive sadness to extreme mirth; by great languor after the least exertion; previous to the paroxysm, violent tearing in the body, and sensation as if she would faint. It is likewise useful when the disease came on after fever and ague, and abdominal typhus occasioned by spinal irritation, or when it was caused by disturbances of the sexual system, retarded and scanty menses preceded by pain in the small of the back as if a transverse piece of wood would be pressed out, attended with headache, languor, cardialgia with waterbrash, pain in the liver; the menstrual blood is thicker and darker, whereas at the time of the menses mere leucorrhœa took place.

*Valeriana* is indicated by a morbid irritation of the nervous system, sensation of languor, excessive sensitiveness of all the senses; there is no changeable mood, but a disposition to fear and despondency. The patient does not complain of a rising ball, but of sudden ascension of warmth from the epigastrium, with oppression of breathing, nausea as if she would vomit, first felt in the umbilicus and then extending to the pharynx, with sensation as if a thread were hanging down from the pharynx, ptyalism and vomiting.

*Viola odorata* has been recommended by some, probably because some hysteric patients prefer the smell of burnt feathers to the odour of a violet. *Viola* is perhaps indicated by much weeping without knowing why, by nervousness, constant distress in the chest, painful dyspnœa, laboured and painful breathing, with anxiety and occasional strong beats of the heart.

*Secale cornutum* is indicated by the peculiar spasms, the clonic and tonic convulsions, the phenomena of the mind and sensorium which we observe in hysteric patients.

*Aurum*. The chief indications are: excessive irritation of all the senses, great susceptibility to pain even when merely thinking of it, with inability to bear anything or anybody, religious melancholy, grief

about one's own-deserved fate, great anguish about the heart, dread of men, etc.

*Pulsatilla* ranks with *Aurum*, except that *Aurum* suits every constitution and temperament, whereas *Pulsat.* is principally adapted to females, and can scarcely ever be exhibited in the hypochondria of male subjects. Schœnlein recommends *Pulsatilla* in hysteria uterina as one of the most powerful remedies, particularly when the menses are scanty and attended with nervous paroxysms. He proposes very small doses, forgets, however, to state that he owes this piece of wisdom to Hahnemann and homœopathy.

*Moschus* is an excellent remedy in hysteria, when the following symptoms exist: Hysterical patients frequently complain of a feeling of pain in the whole body without being able to indicate the precise spot; the pains are felt more intensely, when inquired into; they shed tears while complaining of a general languor, with a feeling of malaise which increases to fainting; various kinds of spasms, to which hysterical females are subject, are relieved by *Moschus*, such as: sudden rush of blood to the head, with staring eyes and spasm in the mouth, followed by rapid, confused talking, after which cadaverous paleness with profuse sweat over the whole head; or: sudden paroxysm characterized by staring eyes with paleness of the face, heaviness of the head, pressure in the nape of the neck, coldness of the body, nausea, afterwards obscuration of sight, contraction of the pupils, loss of equilibrium, rigidity and extension of the right hand and fingers; sudden vanishing of sight from a slight pressure on the vertex, with great anxiety, palpitation of the heart and stupifying headache, or pain as if from a nail driven into the skull; oppression across the stomach and pit of the stomach, with anxiety; violent excitement of the sexual organs with intolerable titillation; suffocative constriction in the larynx, etc.

*Conium* suits unmarried females, particularly when the symptoms seem to proceed from the sexual sys-

tem; the patient complains of violent itching about and in the sexual organs, with pressing-down pain in the uterine region, and stitches in the vagina; the menses are suppressed, or too scanty; a smarting leucorrhœa which renders the parts sore, is almost always present, with frequently recurring, labour-like contractive pain in the abdomen. A characteristic symptom is a pressure in the pharynx, ascending from the pit of the stomach, as if a round body would ascend; the patient is sad and melancholy, dissatisfied with herself and every body near her; nervous paroxysms; when alone, the patient is disposed to weep, sob; this is followed by scintillations before the eyes and indistinct sight, so that the patient has to hold on to something, after which she feels languid and complains of a dull headache; or: weariness and chilliness, obliging her to lie down, with headache and violent palpitation of the heart, pain at every pulsation as if a knife were driven through the occiput, the beat of the heart being either strong, quick or fluttering.

I gave *Cocculus* with success for the following symptoms: frequently recurring hiccough, choking constriction in the upper part of the fauces, with dyspnœa and irritation as if cough would set in; retarded menses, which afterwards appear with abdominal spasms, anguish, oppression of breathing, spasms in the chest, attacks of nausea even unto fainting, and jactitation of the limbs.

I am obliged to confess, that the remedies which have been mentioned in the above paragraphs, by no means cure an hysteric paroxysm unless they are at the same time adapted to the disease itself. Instead of pointing out more remedies which relieve the paroxysm, I will mention a few medicines that are more adapted to the general hysteric disease.

*Natrum muriaticum*: I have frequently been tempted to believe that hysteric females are able, in a state of somnambulism or clairvoyance, to prescribe for themselves the remedies which are specifically adapted

to their condition, and that it is owing to this power of divination, of which the patients are not conscious, that they will swallow a quantity of salt, quantities of the chemically prepared vinegar (containing sulphuric acid), chalk, lime, etc. The same remark probably applies to the so-called idiosyncrasies, which impels them to desire Asafœtida as well as Moschus. May this appear hypothetic or otherwise, it is a fact that these strange desires and idiosyncrasies sometimes reveal the means by the employment of which the disease can be cured. I have frequently prescribed *Natrum mur.* with great success, when the particular taste of the patient for salt was the principal curative indication. Of course, *Natrum mur.* possesses among its pathogenetic symptoms far more certain and valuable therapeutic indications than the uncertain idiosyncrasies of the patients; the principal of these indications are: frequent recurrence of the paroxysms in the day-time; speedy disappearance of the hysteric symptoms after sweat sets in; cadaverous paleness of the face and general debility during the paroxysm; drawing sensation from the left shoulder to the head, with pressing in the temples as if the head would burst, pain in the brain as if sore and bruised, constant nausea as if proceeding from the stomach, desire to lie down, and chilliness with heat in the face. Other indications are: general debility and frequent paroxysms of fainting; frequent sensation in various parts of the body as if they had gone to sleep; vivid, fanciful dreams during a light sleep; somnambulistic rising and walking in the room; sadness, grief, whining and melancholy mood, irresoluteness, great absence of mind; sudden disappearance of the headache with nausea; clavus in the left side of the head; and lastly the menses, which delay and decrease more and more.

*Calcar. carb.* is a good remedy for hysteria, particularly when the sexual system is unusually excited and the hysteric spasms show a tendency to assume the epileptic form.

*Asafetida* corresponds to the following symptoms : pressure in the œsophagus, contraction of the throat, sometimes occasioned by a sensation as if a body were rising in the throat, which obliges the patient to swallow frequently ; this pressure generally proceeds from the stomach, ascending along the œsophagus and producing the sensation as if a foreign body were rising in the throat, attended with nausea and a feeling of fulness in the pit of the stomach, compressive sensation in the abdomen.

*Sepia* is suitable to feeble females with a fine, delicate skin. *Sepia* corresponds to the following paroxysm : sensation as of an icy-cold hand between the shoulder-blades, followed by coldness over the whole body, suffocative spasm in the chest for several minutes, followed by clonic convulsions of the right limb, and twitching of the right limb and arm, when the limb is held ; lastly, tremor of the lower extremities ; the nightly sleep is disturbed by frequent attacks of anxiety, sudden fainting with profuse sweats and undisturbed consciousness, without, however, being able to speak or stir. *Sepia* is more suitable to sad than cheerful dispositions. For further symptoms, I refer the reader to the *Mat. Med.*

*Magnesia muriatica* corresponds to the following symptoms : liability to take cold, frequent attacks of a bruising pain throughout the whole body, sick feeling, fainting fits at table, with anxiety, nausea, pale face, photopsia (green and red colours.) trembling of the whole body, relieved by eructations ; uterine spasms, pain in the small of the back, leucorrhœa ; these last-named symptoms become more violent as the menses diminish, they appear periodically, and the spasms finally extend down the thighs and upwards, involving the whole abdomen, causing a painful hardness of that part.

*Nitri acidum* : Drawing sensation in the back, every day once or twice, changing to a griping in the sides, whence it passes along under the ribs to the pit of the stomach, where the patient experiences a twisting

sensation, and feels relieved after eructations; this attack is most violent towards evening, particularly when the weather is changeable; the patient constantly complains of a feeling of illness, and fainting, slight tremor through the whole body, sad, whining and melancholy mood. The globus hystericus, the many symptoms of abdominal hysteria, menstrual irregularities, spasms in the chest, etc., should likewise be present, if *nitric acid* is to do the patient any good.

§ 245. *Treatment of Local hysteria.*

1) *Hysteria cephalica*. The remedies used for local hysteric pains, must of course correspond to the general malady. *Valeriana* may be given for hysteric headache, when the pain is stitching or pressing, extending from the forehead to the orbits, with or without stupefaction and dulness, or alternating with these latter symptoms. If the pain should arise from an erethic state of the brain, or should be a paroxysm of a periodical nervous headache, *Belladonna* will be found preferable. *Mercurius* is adapted to a stitching-boring or tearing nightly pain, and *Phosphorus* removes such a pain when preceded by evening-nausea.

For the nightly headache of hysteric females I will name

*Hepar sulph.*, when a pain sets in, on moving the eyes, as if the forehead would be torn out; and

*China*, when the pain is pressing and accompanied with sleeplessness.

For *hemicrania* I refer to *Chamom.*, *Cicut.*, *Colocynth.*, *Nux vom.*, *Puls.*, *Sepia*, *Cal carb.*, etc., also *Sulphur*, when the headache is periodical, returns every eight days, the pain is aching-tearing, stupefying.

For *clavus* I mention *Coffea*, *Bryonia*, *Ignat.*, *Aurum*, *Platina*. *Aurum* is particularly indicated for a roaring in the head, attended with palpitation of the heart, buzzing in the ears, swelling of the abdomen close above the pubic bones, spasms in that region, sexual excitement, changeable mood, excessive loath-

ing of life alternating with bright spirits. If the patient should be delirious, I give *Aconite* and *Belladonna*. If the head be cold, I give *Calcar.*, *Veratrum*, *Agaricus*.

If the hysteric headache be accompanied with obstinate sleeplessness and nightly canine hunger, *China* is indicated; *Silicea*, when there is much heat in the head, and rush of blood to the head; and *Hepar sulph.*, when these symptoms are accompanied with a crowding of ideas upon the mind. When sopor is present, *Opium* is excellent, particularly for stertorous breathing with open mouth and distorted, open eyes; *Antimonium tartar.* for an irresistible drowsiness even in the open air, in the day-time and evening; the patient cannot even keep herself awake by pulling the eyelids apart; *Magnes. artif.*, (Northpole), *Veratr.*, *Caust.*, *Bellad.*, *Sepia*, *Acid. phosph.*, *Puls.*, etc.

§ 246. 2) *Hysteric states of the mind.*

For the frequent repetition of certain syllables, words, sentences, tunes, I do not know of a single remedy which I could recommend, since such a state has never occurred in my practice. For the loquacity of hysteric females I have used with advantage *Arsenic*, *Belladonna*, *Hepar sulph.*; for a difficulty of speech, either from want of words or voice, *Cannabis*; for a feeble, imperceptible, heavy, stuttering speech, *Secale corn.*; for difficulty of speech, with jerks of the head and arms when uttering the words, *Cicuta virosa*. A melancholy mood in hysteric females requires, according to the characteristic symptoms, *Veratrum*, *Hyosciam.*, *Stramon.*, *Bellad.*, *Hellebor.*, *Anacard.*, *Opium*, *Aurum*, *Platin.*

Nymphomania belongs to these disordered states of the mind. It occurs very seldom, and is only seen in its most violent form during confinement. It may likewise occur as a local hysteria. Such an unnatural excitement of the sexual instinct, attended with affection of the brain and consequent delirium, voluptuous titillation in the sexual organs, anxious oppression and palpitation, is frequently removed by *Platina*, without the help of any other medicine. It may like-



wise be used during confinement, though *Bellad.* and *China* may likewise be indicated, particularly when a thin, fetid ichor is secreted instead of the regular lochia. *Veratrum* is indicated when the lochia are suppressed or very scanty during the nymphomania, attended with delirium. If the lochia should be suppressed, and the secretion of milk in the breasts decrease, attended with a painful sensitiveness of the external and internal sexual parts, *Zincum* is the best remedy; this is likewise the case when the disease had been occasioned by onanism, and when the menses, after having been suppressed for a certain length of time, reappeared suddenly with alternate paleness and redness of the face, and violent cutting and pressing in the abdomen and small of the back.

If nymphomania should arise from some of the many abdominal ailments to which hysteric females are subject, *Gratiola* might perhaps prove efficacious.

For nymphomania caused by sexual excesses, onanism, or by an unsatisfied sexual desire, *China*, *Conium*, *Anacardium*, *Staphysagria*, or perhaps *Aurum*, *Thuja*, *Mercur.*, *Ignat.*, *Nux vom.*, *Hyoscyam.*, etc., may prove useful.

§ 247. 3) *Hysteria spinalis*. This is generally, as I remarked in § 242, a drawing pain along the spinal column, upwards or downwards; but it may change to some other pain, or be a different pain from the commencement. For hysteria spinalis I recommend *Bellad.*, *Dulcam.*, *Digit.*, *Capsic.*, *Thuja*, *Mercur.*, *Sulphur*, *Carbo veg.*—If the pain should be accompanied with spasmodic contractions of the muscles, cramps in the calves, *Ipec.*, *Cuprum* and *Secale* should be considered. If the pain should be attended with paralytic conditions, neuralgic affections of the thoracic and intercostal nerves, nerves of the articulations, *Dulc.*, *Rhus t.*, *Plumb.*, *Stann.*, *Squilla*, etc., or *Puls.*, *Ignat.*, *Ars.*, *Moschus*, *Caust.*, *Cicut.*, deserve to be mentioned.

§ 248. 4) *Uterine hysteria*. To the remedies mentioned in § 244 I will add the following :

*Cocculus*, for suppressed or scanty menses, with oppressive abdominal spasms, flatulent distention of the abdomen, laming weakness of the uterine region, anguish, oppressed breathing, spasms of the chest, etc.

*Causticum*, when the menses are retarded, and the following symptoms are present: violent cutting in the abdomen as if all the contents of the abdomen would be torn to pieces, with a bruised feeling and tearing in the back and small of the back, particularly during motion and discharge of coagula, or attended with pains in the stomach, chest or small of the back, obliging her to bend double, sensation of oppressive fullness in the abdomen as if it would break, constant ineffectual attempts at eructations, aggravation of the pains when eating ever so little, or when standing erect or fastening the clothes round the hypochondria, relief being obtained by applying warm flannel and sand.

*Phosphorus*: retarded menses, cutting colic on the right side, towards the small of the back, violent pain in the back as if bruised, with vomiting, palpitation of the heart and anxiety, etc.

*Acidum phosphor.* may be substituted for *Phosphorus* when the above symptoms are accompanied with meteoristic distention of the uterus.

*Pulsatilla* and *Sepia* have already been recommended for uterine hysteria, (see § 244).

*Stannum*: Uterine spasms, characterized by repeated pressing deep in the abdomen, aggravated by external pressure, and accompanied by a constant and debilitating leucorrhœa. The uterine distress is generally accompanied by a crampy, tensive pain below and above the umbilicus, towards the small of the back, relieved by stretching the trunk, extending the arms and pressing the abdomen against something broad and unyielding, a table for instance. *Stannum* proved of little use to me when the patient complained of a digging stitching in the abdomen, at times on the right, at others on the left side.

*Stramonium* is excellent for uterine spasms with

profuse menses, hysteric states of the mind, and globus hystericus.

*Magnes. mur.*, *Conium* and *Ignat.* should not be forgot in uterine hysteria.\*

§ 249. 5) *Hysteria vesicalis*. The statements of the patient are not always sufficient to enable us to distinguish between an inflammatory and spasmodic affection of the kidneys and bladder. In such a case, all we can do is, to take a careful record of the symptoms of the disease, and to select a remedy in accordance with those symptoms.

The remedies which the patient had better try first, are: *Cantharides*, *Mercur.*, *Hepar s.*, *Bellad.*, *China*, *Mezereum*, *Colocynth.*, etc.—*Zincum* is excellent for burning pains, though it may likewise be tried for pressing-stitching, and lancinating sore pains.—Stitching pains in the renal and lumbar regions are cured by *Zincum*, *Lycop.*, *Canthar.*, *Dulcam.*, *Acid. sulph.*

For *hysteric ischuria and stranguria*: *Canthar.*, *Arnica*, *Digit.*, *Pulsat.*, *Nux vom.*, *Camphor.*, *Colch.*, *Sassap.*, etc., are the best remedies. (See § 177 and 223.)

§ 250. *Hysteria intestinalis*. The same treatment should be pursued here, which has been recommended for neuralgia of the abdominal nerves. (See § 196. and subseq.). The same remark applies to

7) *Hysteria gastrica* (see § 216); and to

8) *Hysteria pulmonalis*; (see § 230.) To this class belong the frequent nocturnal paroxysms of asthma preceding hysteric fainting fits, though these fainting spells may likewise be occasioned by a violent boring pain at a small spot of the head, as from a nail being driven in, or by a periodical pain in the stomach and bowels. For such paroxysms *Ignatia* is an excellent remedy. Other paroxysms of nightly anguish, particularly in delicate subjects, with whining disposi-

\* *Magnes. mur.* is a specific for spasms of the ligaments of the womb.  
—Hempel.

tions and want of animal heat, yield to *Pulsat.* or *Veratrum*, according to the symptoms.\*

9) *Hysteria laryngea*. I refer the reader to catarrhal fever, catarrh, laryngitis, tracheitis, bronchitis, phthisis laryngea, etc., where the treatment of cough, hoarseness, aphonia, is minutely described.—For a lisping, low voice, and for the frequent and sudden giving out of the voice, I recommend *Phosphor.*, *Platin.*, *Ignat.*, *Angust.*, *Spong.*, *Pulsat.*, *Antim. crud.*

§ 251. 10) *Hysteria cardiaca and vascularis*. Hysterical females frequently complain of palpitation of the heart and anxiety in the region of the heart, sometimes accompanied with great nervousness and debility. *Aconite* is generally the best remedy for this condition.

If the palpitation of the heart be accompanied with an oppressive pain in the stomach, extreme nervousness, languor, coated tongue, anorexia, etc., *China* or *Pulsat.* will have to be given.

The palpitation is frequently accompanied with fainting, vanishing of the senses, general insensibility; these symptoms, which are very evanescent, are relieved by smelling of *Nux mosch.*, *Moschus* or *Aconite*. These phenomena generally constitute symptoms of a general hysterical illness, which is very frequently removed by *Nux vom.*, to be repeated several times during the treatment. It is an admirable remedy for the hysteria of a so-called virago.

11) *Globus hystericus*. I refer the reader to § 244 for the remedies.

## § 252. *Eclampsia, acute epilepsy.*

### A. ECLAMPSIA INFANTUM.

The disease is divided into the *precursory stage*, the *paroxysms*, and the *intervals*.

\* Also to *Ipecacuanha*. *Hempel*.

Precursory symptoms are either wanting, or precede the disease for a shorter or longer time. They are: bad humour, whining mood, sudden starting as if in affright, starting during sleep, sleeplessness, screams without sufficient cause, frequent and rapid change of complexion, sudden relinquishing of the breasts; or the following group of symptoms will be observed: heat and redness of the gums during dentition, fever with eruptions, vomiting, stool looking like stirred eggs, acidity of the stomach.—By the term “internal spasms” we mean a distortion of the eyeballs, which the children roll upwards so that only the whites can be seen; the facial muscles are trembling, and the children seem to smile during sleep; the breathing is anxious and irregular; after a violent interruption of breathing, the children suddenly take a long and deep inspiration; their limbs twitch during sleep, they clench their thumbs and toes, and bend the feet towards the retracted abdomen. We frequently perceive a peculiar livid colour around the mouth and eyes; the nose and features become pointed.

*Paroxysm:* An attack of eclampsia is very similar to one of epilepsy; distortion of the features, staring, rolling and distortion of the eyes; throwing the head backwards, convulsive jerking of the chest and abdomen; panting breathing; hoarse cries, or moaning, rigidity and alternate shocks of the extremities. The face swells, becomes dark-blue, purple-red, gradually the whole body assumes the same colour, and the jugular and frontal veins swell; hands and feet frequently remain cold, though the temperature of the skin is elevated. Such a paroxysm should be termed: eclampsia cum hyperæmia, in contradistinction from eclampsia cum anæmia, with pale, sunken face and cold skin; the conjunctiva and cornea are deprived of blood, without lustre. In the former variety the spasms are rather tonic, tetanic; in the latter, clonic. The convulsions proceed from the face, or the abdomen, or chest.

*Intervals:* The paroxysms generally last a few se-

conds or minutes, sometimes a little longer ; they are followed by languor or comatose stupefaction. The interval is sometimes very short, during which the symptoms of cerebral congestion continue, such as : hot face, injected eyes, restlessness or constant sopor, fever, etc. The more frequent the paroxysms, the more violent. In many cases the very first paroxysm terminates fatally.

§ 253. *Etiology* : Convulsions occur most frequently among infants, and among children of from 3 to 4 years. In many cases the disease is hereditary, and the disposition to such diseases is said to be known by the large skull, retarded closing of the fontanelles, white and delicate skin, feeble muscles, glossy eyes, rapidity of motion, frequent starting, particularly during sleep, frequent internal spasms, rapid development of the mental faculties. Other causes are : Emotions, fright, spasms of the mothers and nurses, mechanical pressure of the head during confinement ; abuse of spirits and narcotics, mental efforts.

Also : Gastric irritation, hence the disease is apt to occur during the period of weaning ; over-feeding, sour pap, etc.

Convulsions which occur during the first stage of febrile diseases, are no more dangerous than the chilly stage in full-grown individuals. If convulsions set in at the close of the period of dentition, Sydenham considers them as indications that the smallpox is going to break out, but that, on the other hand, the eruption will run a favourable course.

*Prognosis* : Very unfavourable, particularly among infants, and when the disease is hereditary ; convulsions caused by poisoned milk, either of the mother or nurse, are almost always fatal. Convulsions from worms or gastric irritation, are less dangerous ; the least dangerous are those which occur in the first stage of febrile or exanthematous diseases. There is great danger when the disease occurs without premonitory symptoms, when the paroxysms take place in rapid succession, are very violent, and do not even

cease entirely during the intervals; the child is in a constant state of sopor, the head is hot, the face remains livid, the child distorts the eyes all the time, boring with the head into the pillow. Robust children are more dangerously attacked than children with the opposite constitution.

§ 254. *Treatment*: See p. 107, vol. i. As I said under "*etiology*," the milk of the mother or nurse is sometimes changed to a momentary poison for the child, by various physical or psychical causes. Passions, for instance, make the milk so poisonous, that the infant, if nursing at that instant, will at once be attacked with the most violent convulsions. However, if the nursing be omitted for 3 or 4 hours, the danger is generally over, or, if the milk be drawn off by means of a breast-pump, the infant may then be put to the breast without danger. I consider it highly improper to lance the gums during a paroxysm of convulsions. Cutting teeth is the finale or summing up of a process of development which cannot be hastened or facilitated by lancing the gums. It is perfectly proper to undress the infant completely, in order to ascertain whether the convulsions are caused by the prick of a pin or by a tight bandage.

The lighter kinds of convulsions and their treatment have been mentioned in the article on dentition-fever. I will point out a few more medicines:

*Cina* is indicated by a spasmodic, dry cough which had existed for some time, getting worse constantly, and finally leading to spasms in the chest, with convulsions and distortions of the extremities, epileptiform convulsions with consciousness and shrieks; frequent, involuntary emission of urine between the paroxysms; worm-symptoms were likewise present, such as nausea, vomiting, occasional attacks of colic, eructations, loss of appetite, restless sleep, starting during sleep, cries, tossing about.

*Rhus tox.*, when the child would like to sleep, but, scarcely asleep, starts as if in affright, great orgasmus sanguinis, throbbing of the arteries, spasmodic twitch-

ing of the limbs and muscles, lock-jaw, sometimes increasing to opisthotonos.

*Arsenicum*: Burning heat of the whole body, the infant is constantly licking its dry and parched lips with its tongue. The twitching of a single limb during sleep is a characteristic indication of *Arsenic*, and frequently precedes for a time the convulsions. A dose of *Arsenic* frequently prevents the convulsions, and terminates the disease as if by magic. The child is very hurried in his movements, expresses anguish in his countenance, symptoms which likewise point to *Arsenic*. For further indications I refer the reader to symptom 273 in the Mat. Med.

*Arnica* is suitable when a previous affection of the brain had left the brain dull and stupid, owing to the presence of a secretion in the cerebral cavities; other indications are: tremulous uneasiness in the limbs, obliging one to move them all the time and inducing the patient to cry out when the least attempt is made to touch them.

*Platina*, an excellent remedy in neuralgia and neurosis generally, is useful for spasmodic rigidity of the limbs without loss of consciousness, with spasmodic yawning and subsequent closing of the jaws, speechlessness, distortion of the eyes, involuntary motion of the eyes and corners of the mouth. During the intervals the patients are always lying on their backs, and, during their restless sleep, endeavour to uncover their limbs which are drawn up to the abdomen, with the knees apart, the face being pale and sunken. *Platina* is adapted to *eclampsia cum anæmia*.

*Hyoscyamus* is particularly indicated when the congestion of the head is characterized by unusual redness and bloatedness of the face, the child blavers a good deal, the abdominal muscles are spasmodically contracted, the convulsive movements of the body affect now one, now another part, attended with excessive wakefulness and involuntary emission of urine.

*Hyoscyamus* is likewise indicated when the paroxysm



was caused by sudden fright. It corresponds to *eclampsia cum hyperæmia*.

*Stramonium* is suitable for lock-jaw, complete rigidity of the whole body, or rigidity of the extremities alternating with convulsive shocks; the patient lies in a deep sleep with stertorous breathing, and a quantity of urine is emitted; these symptoms are generally accompanied with great heat over the whole body, the patient drinks a good deal, the tongue is very dry, the features are distorted as if from pain, the face is red and as if bloated, the tongue seems paralyzed, deglutition is difficult. *Stram.* is principally indicated in *eclampsia cum hyperæmia*.

*Cicuta virosa* should be used when the child, having been playful and well a moment before, suddenly becomes rigid and immovable; in a few minutes a state of languor sets in, during which the child becomes prostrate. This paroxysm recurs frequently and lasts a little longer each time. *Cicuta* is likewise useful in frequently recurring paroxysms of eclampsia. During these paroxysms the extremities, head and trunk are moved and distorted in a strange manner, the face is swelled and bluish, foam is at the mouth, and, after the cessation of the convulsions, the child looks like insensible and dead.

*Stannum*: the convulsions come on whenever the child cuts a new tooth, increasing in violence each time; the child suffers of spasms more or less generally, and looks feeble and miserable.

*Cuprum metallicum*: excellent in the most violent convulsions from dentition, the whole head is bloated, and the face red and swelled, the child utters crowing screams; the attack is preceded by loathing and nausea, and a lethargic state, or a quantity of phlegm is forced up; when consciousness returns, the child writhes, screams, the abdomen is distended, with involuntary discharge of thin stool, occasional convulsive movements and distortion of the limbs; these symptoms are succeeded by new paroxysms, during which the child is without consciousness.

A principal remedy for such convulsions is *Zincum*. We give it for the lighter paroxysms, characterized by screams, shrieking during sleep without the child knowing any thing about it; but, if it should wake up, its features express fright, it looks about with great anxiety, as if waking from frightful dreams; the child's body is very hot on putting it to bed in the evening; in the day-time there had been a good deal of muscular twitching, more on the right than the left side; for several days previous the child had been irritable, peevish, whining, eating with a ravenous appetite, swallowing hurriedly, the abdomen distended as if from flatulence, with involuntary discharge of urine.

§ 255. B. ECLAMPSIA OF PARTURIENT WOMEN.

This disease depends upon a congestive state, in contradistinction from hysteric spasms, and spasms caused by exhaustion or loss of blood.

The precursory symptoms generally point to congestion of the brain, characterized by intolerable pain in the forehead which sets in suddenly in the most violent degree; vertigo, heat in the head; hallucinations, scintillations, ringing in the ears, diminution of sight even unto blindness, difficulty of speech, feeling of lameness in the extremities. The patient is out of her usual mood, melancholy, she treats those around her with indifference, her eyes are staring, with dilated pupils. The patient complains of a disagreeable sensation and pain in the præcordial region, nausea, vomiting, pressure and pain in the hypogastrium, sensitiveness of this region to external contact; the pulse is irregular, or hard and full; in parturient females the eclampsia is sometimes preceded by a violent chill. In some cases these precursory symptoms precede the paroxysm for days, in others for a few hours or minutes only; they may remain away altogether; the shorter the precursory stage, the more dangerous the paroxysm.

This paroxysm is almost like epilepsy. Automatic movements of the muscles take place ; first the abdominal muscles, proceeding from the uterus ; after that the spasm extends towards the chest, and the patients feel as though the chest were constricted, with violent palpitation of the heart ; finally the spasms involve the neck, which is drawn backwards, and then go to the head and the extremities. A striking phenomenon is the deep, livid redness and swelling of the face and neck, violent throbbing of the temporal and carotid arteries, turgescence of the jugular veins, congestion and protrusion of the eyes ; the patients become absent-minded, alternately delirious and in a state of sopor ; this condition lasts more or less before the patient recovers her consciousness and complains of headache, languor as if she could not use her limbs ; she has no recollection of the past. Another paroxysm sets in shortly after ; if the paroxysms should occur in rapid succession, the consciousness does not return completely.

§ 256. *Etiology* : It is very probable that certain states of the weather, particularly great warmth and an electric state of the atmosphere, favour the development of the disease. It occurs between the period of conception and the period closely following the birth of the infant. It occurs very rarely in the first months of pregnancy, only towards the fourth and fifth month ; it occurs more frequently about the seventh and most frequently during the act of parturition ; it does not take place any more a few weeks after parturition. Robust, plethoric, irritable females are most liable to this disease. Convulsions of delicate and feeble parturient women are generally of an hysteric character ; primiparæ are mostly attacked, and then most frequently during the act of parturition ; when occurring during confinement, the disease sometimes constitutes the commencement of puerperal fever.

*Prognosis*. This disease is one of the most dangerous which can befall the female sex. Generally

speaking, one half of the patients die, and the fœtus is generally destroyed when exposed to several paroxysms. It is said that eclampsia occurring before the opening of the os tincæ, is more dangerous than that which occurs at a later period of the act of parturition. The more advanced the act of parturition, the less dangerous the convulsions. The prognosis is the more unfavourable the more violent and protracted the paroxysms; the more marked the venous phenomena, the more profound the sopor; the more oppressed the breathing after the paroxysm, the shorter the remissions between the paroxysms. Primiparæ are the most exposed.

§ 257. *Homœopathic treatment of eclampsia parturientium*: The remedies which require to be used in this disease, must of course be such as are capable of affecting the nervous system and the circulatory functions similarly to the disease under consideration. Such remedies are: *Opium*, *Laurocerasus*, *Stramon.*, *Hyoscyam.*, *Bellad.*, *Aconit.*, etc. The suitable remedy should be continued as long as it is indicated, and the physician should remain at the bedside of the patient until the danger is so far over that he can leave his patient without being obliged to fear any indiscretions being committed by the attendants in the administration of the medicine.

*Belladonna* is one of the principal remedies in this disease. It is particularly suitable to young married women and primiparæ with mild disposition, delicate skin, vivid complexion, moist eyes. The eclampsia for which *Belladonna* is a specific remedy, is characterized by: convulsions, spasms with cries, delirium, distortion of the eyes, stretching of the limbs, opisthotonos, etc.; loss of consciousness, insensibility, rattling breathing, deep and livid redness, swelling of the jugular veins, bloatedness of the face, strong and quick pulse, and violent throbbing of the carotids and temporal arteries. Even if the eclampsia should abate, the loss of consciousness still continues, also the obscuration of sight, the patient neither sees nor

hears, does not recognise any one of her family, from which we may infer that the sopor still continues.

*Hyoscyamus* is suitable when the spasms of pregnant and parturient females, particularly of the latter, set in after a good deal of blood had been lost during the act of parturition; the spasms resemble jerks that are felt like shocks, which continue even when the body of the patient is in a state of tetanic rigidity; when the spasms abate, the face becomes pale, the body collapses, though a complete stupefaction and loss of consciousness, a real sopor, continue during the intervals.

*Stramonium* corresponds to eclampsia which is similar to a paroxysm of delirium tremens. The circulation is in a state of erethism.

*Opium* is sometimes an excellent remedy when the disease was caused by sudden fright or joy; it can likewise be used as a fine palliative in some cases; a few strong doses of *Opium* will postpone the paroxysms, and this may afford the vital powers time to react effectually against the disease without any further medicine.

*Laurocerasus* is indicated when the eclampsia comes on suddenly, like a flash of lightning; either before or during parturition the patient is suddenly attacked with tetanic spasms and loss of consciousness, mingled with violent convulsions; the spasms return every fifteen minutes, but the patient's consciousness remains disturbed during the intervals. The body is in a state of collapse, the pulse being at times feeble and hurried, at others scarcely perceptible and scanty. In such cases *Laurocerasus* or *hydrocyanic acid*, in small doses, is perhaps the only remedy which can effect a cure.

*Aconite* is a most distinguished remedy for eclampsia; the symptoms of *Aconite* are so well known, that it is needless to repeat them here. For other remedies, I refer the reader to the chapter on eclampsia infantum.

It is of the utmost importance to endeavour by all

proper means to excite a uniform sweat all over the skin. It is therefore highly improper to uncover the patient unnecessarily during delivery, as it would be, on the other hand, injudicious, to excite an undue temperature of the skin by warm drinks, excessive temperature of the room, feather-beds, warming pans, and the like. Act calmly and considerately!

§ 258. *Chorea St. Viti, Scelotyrbe, Choreomania, Epilepsia saltatoria, Morbus gesticulatorius, St. Vitus' dance.*

According to Canstatt there are four distinct varieties of chorea:

- 1) Muscular jactitation, or the minor St. Vitus' dance;
- 2) the major St. Vitus' dance;
- 3) Mania saltatoria; and
- 4) Tarantism.

*Symptoms of the first variety*; precursory symptoms: derangement of the digestive functions, distention of the abdomen, loss of appetite, constipation, frequent weariness, absence of mind, low-spiritedness, mental excitability, anxiety. This condition may last for weeks, and even longer. The patients are rarely attacked all at once, except perhaps after a violent fright; they gesticulate in a strange manner, hands and feet are unsteady; they shrug their shoulders, throw their hands about, drag one foot after another in walking. These phenomena sometimes take place only on one side. Soon, however, the gesticulations increase to continuous twitching and strange motions of the whole body; the patients eat, talk and walk in a most awkward manner; they seem clumsy and ludicrous. Every attempt at voluntary motion at once excites the involuntary restlessness of the affected part. By holding the part, the involuntary motions increase; this likewise takes place when the patients suspect they are observed; anger and fright increase them likewise. Sometimes one side of the body twitches more than the other, or the twitching alter-

nates from one side to another ; in some cases a series of muscles are attacked one after the other. The patients never complain of fatigue, even if the motion of the limbs should have been ever so constant. The spasms generally cease during sleep, although, in bad cases, the sleep is sometimes disturbed. After a meal, the muscular jactitation is worse. If the disease last a long time, the face becomes pale, the pulse is hurried towards evening, the patient becomes thin. Wichmann terms this *chorea Anglorum*. Schœnlein terms this and the following form *hysteria muscularis*.

*Symptoms of chorea St. Viti major.* It is paroxysmal, like epilepsy and eclampsia, from which it cannot always be easily distinguished. The paroxysms are a mingling of clonic and tonic, epileptiform, tetanic and opisthotonic spasms, or a combination of the strangest motions ; the patients dance, crawl on all fours ; they act as if they would fly, swim, they are tossed off the floor, make the wildest leaps, turn summersets, laugh in an extravagant manner, imitate the sounds of animals. Even the most violent paroxysms do not cause any fatigue. The patients are disposed to hide themselves in corners or behind other objects. Intermissions of several days occur at times. The paroxysms take place both at night and in the day-time. Symptoms of mental derangement are : excitement of the fancy, delirium, craziness, somnambulism, ectasy. After the paroxysm, the patients are generally ignorant of what had taken place. This species of St. Vitus' dance sometimes disappears quite suddenly, and the patients are cured.

*Mania saltatoria.* "This mania showed itself in its most extensive and striking form in 1374 and 1418, immediately after the terrors of the black plague, in Aix-la-Chapelle, in the Netherlands, Metz, Strasburg, etc. The so-called St. John-dancers (whose numbers were swelled by impostors and mendicants), men and women, danced for hours in succession, with wreaths on their heads, and the abdomen tightly bandaged, jumping about in the wildest bacchanalian style,

foaming and screaming, until they fell down exhausted. Then they complained of great oppression, and moaned as if they would die, until the abdomen was still more tightly bandaged, after which they felt better. The bandaging took place on account of the meteorism which set in after the paroxysm. Sometimes the meteorism was relieved by kicking on the abdomen, or striking it with fists. During the paroxysm the dancers had all sorts of visions. When the disease was at its height, the paroxysms commenced with epileptiform convulsions, the patients fell down without consciousness, with foam at the mouth, stertorous breathing, after which they jumped up and commenced their dance with frightful distortions. In a paroxysm of religious mania they sang during the dance, calling upon St. John for strength, in whose chapels the mania was appeased, and at whose festival it afterwards broke out again."

It is said that a species of mania saltatoria occurred in 1808 in the states of Tennessee and Kentucky among a sect of religious fanatics. The mania which *Boerhaave* observed in the Leyden orphan-hospital, the Bohnhorster St. Vitus' dance described by Albers in Hufeland's journal, 1813, April No., p. 3, etc. etc., belongs under this head.

*Tarantism.* The poison of the tarantula, when inserted under the skin, frequently causes a considerable and intensely painful swelling spreading over the neighbouring parts. In a few hours melancholy, anguish, oppression of the chest, vertigo, general tremor set in; the patients become convulsed and delirious; the pulse becomes frequent and irregular; loathing and vomiting supervene. Unless help is speedily secured, the patients, in a few days, fall into a state of imbecility and melancholy. The heat of the summer, and the sight of another patient similarly afflicted, excite paroxysms of rage. Music exercises a peculiar charm over the patient; it excites a desire to dance, which he gratifies until he feels tired and overcome,



and goes to sleep covered with a profuse sweat; on waking he generally feels well again.

§ 259. *Etiology.* Persons with irritable nerves are more particularly liable to this disease, and women more than men; children from 9 to 15 years are principally attacked. The disease occurs more frequently in Northern than Southern countries.

*Exciting causes:* Fear, anxiety, fright; fright is one of the most powerful causes of the disease; imitative passion; this always excites the major St. Vitus' dance. Worms or gastric crudities never cause, but only excite indirectly, the disease, provided the patient was predisposed for it.

*Prognosis:* The disease scarcely ever terminates fatally or leaves secondary diseases. The prognosis is most favourable when the chorea occurs in the period of evolution; the prognosis is less favourable when caused by emotions or onanism. The first variety is more easily cured than the second, particularly when combined with symptoms of mania, epilepsy. Habitual chorea, termination in imbecility, epilepsy, cerebral affections, scarcely allow of any hope.

§ 260. *Treatment:* In describing the treatment of chorea, I shall not keep up Canstatt's classification, but generally describe the remedies which have a curative relation to St. Vitus' dance.

The medicines which have been successfully used in St. Vitus' dance, are: *Ignat.*, *Cupr. acet.*, *Calc. carb.*, *Bellad.*, *Asa*, *Sec. corn.*, *Stram.*, *Cina*, *Crocus*, *Hyoscyam.*, *Rhus t.*, *Caust.*, *Jod.*, *Puls.*, *China*, *Sulph.*

*Ignatia* should be used for chorea brought on by fright. *Opium* will probably be found useful under these circumstances. *Ignatia* is indicated when the paroxysm comes on immediately after dinner, a characteristic symptom of the first variety, which is noted by authors; the symptoms abate when lying on the back. The vacillating gait, the liability to fall and stumble over small objects, the trembling, the twitching of various muscles, the precipitancy of

volition and the subsequent anxiety which the patient expresses in his movements, point to *Ignatia*. *Ignatia* is, however, likewise a good remedy for the second variety of chorea, which has often been cured by *Ignat.* when caused by fright. I may here observe that epilepsy is probably very frequently mistaken for chorea, and that a pretended cure of epilepsy was probably one of chorea. This, however, is of very little consequence, as it is much better to know how to cure than to know the disease without knowing how to cure it.

*Asa fetida* is of very little use in chorea, except perhaps where an irritation of the abdominal nerves by gastric crudities, worms or other causes, may have led to chorea. There is sometimes abdominal pulsation present, with twitching of single muscles, or convulsive motions of the same. The patients change their minds constantly, are restless, and become easily confused.

*Belladonna* is particularly indicated when the twitching is observed in the flexor-muscles, and the paroxysms are preceded by a creeping and a feeling of numbness in the muscles. The moral symptoms frequently point to *Belladonna*.

*Cuprum acet. or metallicum* corresponds to twitching of the muscles, sudden piercing cries, spasmodic distortions and motions of the extremities even when occurring at night, during sleep, mostly commencing at the fingers and toes and gradually changing to convulsions as the body becomes involved; attended with distortion of the mouth, alternate opening, closing and distortion of the eyes. Another species of chorea, for which *Cuprum* is indicated, is the following: Redness of the face, spasmodic distortion of the face, eyes and body, at times risus sardonius, at others violent weeping, anxiety, ludicrous gesticulations and desire to hide one's-self. These symptoms are either attended with melancholy and dread of society, or with an ecstatic mood. Gross has reported a case of chorea occasioned by fright, and characterized by involuntary motions of the right arm and lower limb, gradually

involving the other extremities, so that no part of the body could be kept still while waking, all parts being engaged in strange motions, and even speech being sometimes wanting. Afterwards Gross recommended *Calcar.* instead of *Cuprum*. Bethmann cured the following case with *Cuprum*: the attack came on in consequence of seeing a child in convulsions; there was a stitching and burning in the left arm, followed by violent convulsions of the arm, anxiety and weeping; the paroxysms returned 8 or 10 times within 24 hours, the fingers being seized first, afterwards the lower limbs, attended with heat in the face, sweat, thirst, neck drawn to the right side, frightful distortion of the eyes, face and body, afterwards some ludicrous exhibitions, hiding under the table; accompanied with irritable mood, at times mild and sensitive, at others contrary.

*Agaricus muscarius* is indicated by the following symptoms: slight twitchings here and there; slight distortion of the upper extremities; convulsive condition of the muscles of the head and neck, constantly; extreme mobility of the lower limbs, and the body generally. This medicine is particularly useful in mania saltatoria and tarantism.

*Secale cornutum*. In some cases I employed this medicine in conjunction with animal magnetism, and always with a good success; the magnetism was particularly useful when whole bundles of muscles were attacked at once, and even internal organs were involved. The paroxysm, for which I prescribed *Secale*, always commenced with oscillations of single muscles of the face, increasing to convulsive twitchings which produced distortions of either a frightful or ludicrous character. The spasm then suddenly shifted to an arm or foot, or to both arms or feet, causing a dancing, leaping or gesticulating motion of those parts. Or the spasm attacked the muscles of the chest and the diaphragm, causing loss of breath. The spasm was worst when affecting the abdominal muscles, in which case it was always painful.

*Cina* is very similar to *Secale*. The *Cina-corea* frequently occurs after dinner, in the evening or at night; the paroxysms are easily excited again by contact, or by pressing on the muscular parts that had been affected before. It is useful when the intestinal canal is irritated by worms or crudities; the convulsions of the various muscles of the extremities are attended with distortions of the extremities, and are at times interrupted by colic.

*Stramonium* should be used when the patients had been complaining of a creeping sensation in the limbs for a long time previous, with impeded motion and melancholy mood. These ailments frequently are more distinctly felt at the time of the fall-equinox, and are soon followed by the chorea-paroxysm, which has a peculiar character: it consists of violent, spasmodic movements of the extremities, almost always crosswise, of the left arm and right foot; afterwards the head is attacked, or only the muscles of the lower jaw, lips, etc.; or the patient rotates her arms and hands as if she would spin or weave. Other symptoms are: great mobility, the patient moves about so rapidly that all motion ceases at last, and the patient loses her sight; she moves about so hurriedly and with such force, that she is attacked with anxiety if she cannot accomplish at once what she wishes; she runs as fast as possible if she wants to go from one place to another; in going up stairs, she takes two steps because she mistakes them for one, and continues so until she falls; although her gait is vacillating, yet she moves her limbs with an ease as if she had not got any; they seem to her elongated, so that she imagines she touches the floor when her foot is still half a foot off. These symptoms include a great many that point to chorea, particularly to mania saltatoria. *Stramonium* is likewise indicated when the disease terminates in idiocy and religious mania.

*Hyosciamus* corresponds to jactitation of the extremities, as if the patient did not know how to keep the extremities in a proper position; after the paroxysm

the patient lies quiet, with his eyes closed. During the intervals the movements of the patient are likewise very hasty. he seems exceedingly busy, talkative, shows a disposition to laugh at every thing; and, if the disease should last a certain time, it terminates in idiocy, imbecility.

*Crocus*. With this remedy I cured one case of the following kind: the patient had complained of a twitching in the muscles for some time previous, which got worse at times and increased to spasmodic contractions of single bundles of muscular fibres; the patient suffered with bleeding of the nose, and felt the better the more profuse it was; the bleeding was preceded by a visible throbbing of the temporal arteries and a prostration of the child; the blood was black and tenacious. *Aconite*, *Arnica*, *China*, etc., were of no avail; on the contrary, the symptoms seemed to get worse; a few doses of *Crocus* stopped the disease. I was guided in the selection of *Crocus* by the cerebral congestion.

*China* corresponds to chorea caused by onanism, or loss of animal fluids by other causes; the patients are nervous, very sensitive to external impressions, etc.

*Causticum* is recommended by some physicians; I have never used it.

*Rhus tox.*: Twitchings in the extremities and muscles, unsteadiness of the extremities, vacillation of the extremities when attempting to stand or walk; it is particularly indicated for chorea occurring after a cold bath and repelled measles.

*Pulsatilla*, for the symptoms of which I refer the reader to the *Mat. Med.*

*Iodium* is probably suitable when the disease was partially caused by a morbid state of the abdominal nerves, when the stomach, liver, pancreas and abdominal glands are morbidly irritated, and the cerebral functions are sympathetically involved. These pathological states lead to uneasiness in the limbs with nervousness, and tremor from the region of the stomach to the periphery; trembling of the ex-

tremities, hands, fingers and eyelids; a vacillating, unsteady gait; inability to move the hand to the mouth in a straight line, pain on moving the body, hurried, small, wiry pulse; during rest the trembling parts can easily be held still; the spasms are violent in the back and feet, with convulsive twitchings of the feet and arms, occasional subsultus tendinum, sadness and lowness of spirits, particularly at the period of digestion.

*Sulphur* might perhaps be tried when the sudden suppression of an acute or chronic eruption seems to have caused the disease.

Chorea-patients are peculiarly charmed by music; chorea-paroxysms characterized by dancing motions, might perhaps be cured by music.\*

§ 261. *Raphania, morbus cerealis, convulsio cerealis, ergotism.*

Raphania is a disease which is principally caused by eating spurred rye. There are two distinct varieties of the disease, the convulsive and the gangrenous variety, the former being probably caused by *Lolium temulentum*, the latter by *Secale cornutum*. The disease occurs epidemically at a period of famine,

\* *Aconite* is a very useful agent in the treatment of chorea. Very lately I cured two interesting cases of chorea with *Aconite*. One was a case of three years' standing, the patient a girl of 7 years; it had come on after an inflammation of the lungs treated allœopathically. The left arm was the seat of the disease; the patient had no control over the motion of this arm; there was a constant twitching and jerking of the arm. The cure was effected in 3 weeks. The second case was that of a girl of 6 years. For several months past the parents had observed a good deal of twitching and jerking in the left lower extremity of the child, which increased gradually so that the child was unable to stand or walk; she could not sit still one minute; the upper extremities were similarly affected; she had to be fed; the mouth was constantly drawn to one side, with constant twitching of the corners; the head was drawn close to the left shoulder. The cure was effected in five weeks, with the tincture of *Aconite*. *Hempel.*

after a bad harvest, and is caused by the use of bad food generally, and spoiled grain in particular.

*Symptoms of convulsive raphania.* Precursory symptoms: Symptoms of languor and tiredness in the extremities, frightful dreams, restlessness, formication, stitching, cramps in the lower extremities, headache, stupefaction, vertigo, melancholy mood; constrictive sensation in the epigastrium, disposition to vomit, vomiting of a dark, or black-brown, imperfectly mixed bile.

These symptoms belong to so many diseases, that it would be impossible to select the proper remedy by those symptoms unless we knew from other cases before us that they were the precursory stage of the disease. In such a case the right remedy, if given at the commencement, will cut the disease short at once, without allowing it time to develop itself. Let us describe the disease more in detail.

The precursory stage lasts from 7 to 21 days, after which the disease assumes its true form. The pains in the extremities become more violent, and extend over the whole body. The patient complains of an intolerable burning in the feet, knees and hands tremble, and the upper and lower extremities are attacked by convulsive motions, particularly the flexor muscles, so that it frequently takes a good deal of force to straighten the limbs; the heels are forcibly drawn to the buttocks, the hands towards the shoulders. The very painful spasms are at first clonic: sometimes the clonic spasms are mingled with tonic spasms, opisthotonos, trismus, strabismus; a bloody foam appears at the mouth, as in epilepsy, the eyes are staring, or they are rolled about in a wild manner, the breathing is laboured, etc. Sometimes the patients retain their consciousness during these paroxysms, though, in some cases, there is headache, vertigo, furious delirium, screams, mania, melancholy, difficulty of speech, stupor or coma, deafness, ringing in the ears, optical illusions. Sometimes a cold sweat breaks out on the forehead or the whole body, the

urine is discharged involuntarily, the face has a jaundiced or livid appearance.

The paroxysms frequently last for hours, recur several times in the day, but sometimes intermit for several days. During the intervals the pulse remains natural, the appetite is good, frequently the patients have a sort of canine hunger; in other cases, gastric symptoms set in, such as cardialgia, nausea, violent thirst, heartburn, bilious vomiting, colic, diarrhœa, evacuations of a fœtid, liquid, yellowish matter; the skin is icy-cold, internally the patients complain of a burning heat.

When the disease terminates favourably, the convulsions abate; the disease lasts from 4 to 12 weeks. Sometimes phlyctænæ, filled with an acrid serum, form on the skin. For some time after, the patients continue to complain of trembling of the hands, weakness of the eyes, stiffness of the muscles and joints, lameness, etc. The disease terminates fatally when the tetanic spasms continue, or when paralysis or apoplexy sets in.

§ 262. *Symptoms of raphania gangrenosa (necrosis ustilaginea).* The precursory stage is almost the same as in the former variety: general malaise, tiredness, restless sleep with dreams, anguish; wandering pains in the back and lower limbs, spasmodic contractions of these parts, frequent attacks of violent pain and spasms, flushes of heat; pulse and appetite are generally unchanged; the abdomen is sometimes distended and painful; the urine clear and copious.

Gradually the convulsed limbs begin to feel numb, and the limbs that afterwards become gangrenous, are exceedingly painful; hurried, contracted, feeble pulse, sweat on face and head. The patient complains of a feeling of icy-coldness in the hands and feet, nothing can get them warm. Erysipelas is sometimes seen on the extremities.

All at once the pains in the extremities disappear, the icy-coldness increases, and sensation and motion disappear; mostly dry gangrene sets in, though in



some cases humid. In the former case, the limb becomes livid, the skin is withered, wrinkled, turns yellow; finally, the limb becomes black, dry, hard as horn. In the latter case, (humid gangrene,) the extremity swells, phlyctænæ filled with a yellowish, bloody serum, form on the skin, the muscles become soft, and the gangrenous parts spread a most fetid odor of putrefaction. The pulse becomes more and more feeble, the languor reaches the highest degree, symptoms of a torpid putrid fever set in, the features become sunken, fainting fits, delirium, coma, exhausting diarrhœa set in, and death takes place with the symptoms of gangrene more or less extended. Recovery is, however, possible, before gangrene sets in; and even after gangrene has set in, the gangrened limb may be separated from the healthy trunk by suppuration. In dry gangrene, the dead parts fall off without bleeding; in humid gangrene, the falling off is frequently accompanied with hæmorrhage. In many cases the sick limbs remain mutilated, atrophied, paralyzed. The gangrene sometimes extends to the toes, hands, feet, as far as the knee; in other cases the whole limb is lost. If the suppuration should be very profuse, the patient may die of hectic fever, unless the suppurative process should be stopped in time. (*Canstatt*).

§ 263. *Etiology*: Raphania is an endemic disease, and occurs at periods when men have to be satisfied with spoiled flour, in consequence of war, famine, bad harvest or weather. The corn itself is either disorganized or it is mingled with poisonous plants, such as: *Lolium temulentum*, *Raphanus raphanistrum*, *Nigella sativa*, *Agrostemma githago*, etc. Disorganizations of the corn take place by means of fungous formations shooting up on the grains, which may be termed *Sclerotium clavus*, *Uredo caries*, *Rubigo*. The corn may likewise get spoiled by moisture, fermentation, insects, and, in this way, its use may become hurtful.

There is no doubt that other causes concur in the

development of raphania as an epidemic disease ; it is principally met with in marshy regions, in certain districts, and among men that are deeply sunk in misery.

*Prognosis* : The convulsive variety is less dangerous than the gangrenous. The more frequent the paroxysms, or the more they resemble epileptic tetanic spasms, the less favourable the prognosis. Favourable symptoms are: phlyctænæ and cutaneous eruptions, sweat, diarrhœa. In the gangrenous variety the prognosis depends upon the extension of the gangrene, and upon the disposition of the gangrenous process to limit itself ; humid gangrene is worse than dry. Some epidemics are particularly malignant.

§ 264. *Treatment*. The precursory symptoms of raphania resemble a good deal the precursory symptoms of a violent inflammatory fever, and will therefore induce us to give *Aconite* in small doses. *Arsenic* is perhaps preferable to *Aconite* ; it has the anxious respiration, the spasmodic palpitation of the heart, the peculiar coating of the tongue, the languor, etc., and has been successfully used by homœopathic physicians. I think, however, that it is more adapted to the gangrenous variety. *Belladonna* is likewise an important remedy : it has the burning heat, the violent, almost unquenchable thirst, and deserves a preference over either of the other remedies, when the nervous symptoms, the characteristic tremor of the extremities, the contracted and immovable pupil, the clouds and spots before the eyes are present. *Rhus tox.* is indicated when the disease resembles the typhus stupidus, without any remarkable spasmodic symptoms being present.

*Stramonium* and *Hyoscyamus* are important remedies, corresponding to the spasmodic symptoms which make their appearance soon after the commencement of the disease. *Stramonium* corresponds more to the spasms which take place when the disease is at its height ; *Hyoscyamus* should be given at the commencement of the disease.

Subsequent observations have shown that the above-mentioned remedies are more suitable for the secondary diseases, particularly *Belladonna* for a peculiar kind of stupidity and nervous debility.

*Solanum nigrum* is recommended by Hahnemann as the most certain remedy for raphania. *Ann. Chir. XI.*, No. 1, p. 92, Dr. Gross reports several cases of raphania which he treated with *Solanum nigrum*; I extract the following from his report.

"In the latter part of the summer of 1830 I was requested to send some medicine to a farmer who had been afflicted for some time past with epileptic spasms and rage. I was told by the messenger that a younger brother of the patient was afflicted with a painful creeping in the extremities with curvature of the hands; but as this disease was very common in his district, and was considered incurable, I was not to prescribe anything for it. Nevertheless I gave the messenger medicine for this second patient, four pellets of *Solanum nigrum* of the 30th att. I gave it on Hahnemann's recommendation contained in his "Lesser Writings," published by Dr. E. Stapf, vol. I., 1829, p. 162. The epileptic patient was to take a dose of *Hyoscyamus*, for it did not occur to me that he was suffering from the same cause as his brother. In a few days the father of my patients reported to me that his younger son was quite well, and that the other son had ceased raving, but was without consciousness, and that his limbs were spasmodically distorted; two other children had been attacked as the second son, and I was requested to cure them likewise. I found out that the elder son was likewise attacked with raphania, for which I now gave him *Solanum*. Some time after I was told that all these patients had got well, and I was requested to treat a number of other patients similarly afflicted, some of whom had gone into the last stage of the disease, convulsions and rage. I cured them all with *Solanum nigrum*. Afterwards I was called to two patients in my neighbourhood, one of whom I had an opportunity to examine.

He was a boy of six years, and had just been attacked. His hands were bent inwards, and his feet likewise. The boy was able to stand a minute or so, though the involuntary contraction of the flexor muscles gave him the appearance as if he would jump. There were symptoms of risus sardonius observable in the facial muscles. I gave him *Solanum nigrum* 15, 2 pellets. Next day he was unable to stand, and the hands were bent inwards more than before. On the third day the symptoms were as on the first, and on the fourth all symptoms of spasm had disappeared. It seems therefore that *Solanum* 30 acted better than a lower attenuation."

"Upon inquiry I am led to believe that the present disease was very similar to the epidemic of 1770 and 1771 in the district of Zelle, and minutely described by I. Taube in his "History of Raphania in 1770 and 1771, Göttingen, 1783, oct." With us the disease came on suddenly, without, however, being as fatal as in the former epidemic; for then it terminated fatally very soon, if setting in without precursory symptoms. In both epidemics were observed convulsions and afterwards tonic spasms, curving inwards of the extremities; for instance, the wrist-joint entirely bent inwards, the fingers drawn to the palm of the hand, and the elbow to the chest, even tetanus; even epilepsy, idiocy, rage were observed in some cases, and indications of risus sardonius, even in the lighter cases. All these symptoms were removed in a few days by *Solanum nigrum*. Gangrene never occurred in our epidemic." For this condition *Secale cornutum*, as an isopathic remedy, would probably afford the best help.

For the highest degrees of this disease I dare not propose any remedies; the symptoms characterizing the last stages of the disease, are too various, and too much mixed up with medicinal symptoms, produced by *Valeriana*, *Camphora*, *Moschus*, *Opium*, etc., which are some of the remedies proposed for this dis-

ease, to admit of any one remedy being exclusively recommended for the last stage.

§ 265. The *second variety of this disease* is distinguished by longer duration, distinct exacerbations, paroxysms and remissions. I have seen a few mild cases of this variety, but always among low people who live in damp dwellings, on potatoes, potato-bread, etc. *Belladonna* seemed to be a good remedy, but I had to use other remedies with it to effect a cure; among others, *Ignatia amara*, which was particularly useful when the convulsive motions resembled those of chorea. *Cina* was used in one case with good success; the patient complained of crampy pains in the bowels, and vomited up some worms. In a similar case, where the convulsive motions increased at every new paroxysm, I gave *Cuprum acet.* with great benefit, and, in eight days, *China* for the remaining debility.

Even in this form of raphania, *Solanum nigrum*, *Secale corn.* and *Arsenicum* are the specific remedies, particularly when dry or humid gangrene is present.

§ 266. *Hydrophobia, rabies canina.*

The disease arises from the hydrophobic virus being inoculated in the bitten part.

*Symptoms of hydrophobia.* The first symptoms generally manifest themselves between the 7th and 40th day after the bite; there are said to be cases, however, where the poison remains latent in the system for years. The precursory stage frequently lasts from two to twelve days. The wound heals very shortly, as every other slight wound. If the wound should not be completely healed while the precursory symptoms are developing themselves, it assumes a livid and spongy appearance, and secretes an ichorous humour. If the wound was closed, it inflames again and breaks open; the patient complains of itching, pains striking from the wound or cicatrix along the nerve to the neck and trunk; the bitten limb frequently feels numb, or as if it had gone to sleep, or it becomes rigid or is convulsively moved.

General symptoms: Anxiety, melancholy, tendency to start, excessive apprehension about his condition and future; he wants to be alone, his sleep is restless, interrupted by dreams (about dogs), and starting as if in affright, or he is completely sleepless. The patient complains of languor, drawing pain in the nape of the neck and back, burning sensation in the fauces and stomach; sensitiveness to cold and draughts of air, alternate heat and chilliness. Frequently we observe vertigo, ringing in the ears, obscuration of sight, nausea, vomiting of green bile. The face is frequently distorted, pale, the eyes faint, the voice hollow and trembling, breathing oppressed, pulse small, urine pale. Many patients manifest an uncommon desire for an embrace, and a constant urging to urinate, the urine being discharged drop by drop.

*Symptoms of the disease, when fully developed.* We term this the convulsive, hydrophobic or furibond stage. The patient shows the most frightful aversion to liquids, in spite of his violent thirst; he cannot swallow, nor see, nor hear the noise of any thing fluid; whenever he attempts to swallow a few drops of water, his throat and chest become constricted, and the most violent, suffocative convulsions of the facial, cervical, thoracic and abdominal muscles take place; they are excited even by merely swallowing saliva, or by thinking of drink. The patient experiences a most violent sensation of oppression of the chest, and has to sigh frequently. In some cases the convulsions are excited by the least draught of air, the motion of the curtain, contact of the body; the eye dreads the light; shining objects, looking-glass, a burning candle, are painful to the patient, and excite his spasms; every kind of noise is unpleasant to him; hence it is that frequently, without any apparent cause, periodical paroxysms of spasmodic oppression, constriction of the fauces and larynx set in. At first there is a constant secretion of a thick, tenacious, frothy saliva; hence slavering and spitting, for fear lest the saliva should have to be swallowed.

At last rage breaks out, and tetanic or epileptic convulsions take place; periodically the patient is attacked with furious delirium, during which his muscular strength increases to an enormous extent, and he can scarcely be controlled; at the same time he spits about, bites, endeavours to escape from his attendants, tears clothes and beds, howls, barks like a dog, and endeavours to destroy himself; his bloodshot eyes roll wildly in their sockets, and fright is depicted in the features of the patient. He is frequently attacked with epileptic convulsions or tetanus. The attacks last a quarter or half an hour. During the intervals the patient is entirely exhausted; he is generally conscious of himself, warns his attendants of the danger to which his rage might expose them, and prays them to terminate his frightful sufferings. Sometimes vomiting takes place, and men are attacked with priapism and seminal emissions, and women with furor uterinus. The pulse is up to 130 to 150 beats, small, irregular. As the disease increases, the paroxysms become more frequent and violent, until death ensues after 24 hours, two or three, and less frequently five to eight days, generally by exhaustion (apoplexia nervosa); towards the end the patient sometimes becomes quiet, is even able to drink, and dies quite composedly in a state of sopor, or in a violent paroxysm of convulsions, suffocated. Modifications occur in this disease as in any other, but the symptoms are the same, except more or less intense: for instance, in some cases the patient is able to swallow, in others he is able to swallow coffee, beer or solids, but no water; or the hydrophobic symptoms only occur during the paroxysms; or the patient is able to swallow water, provided he does not see it and his nose is kept closed. There are cases where the disease did not break out, but the cerebral affection was confined to anguish and sensitiveness; this is probably the case when the patient, after being bitten by a dog, is tormented by the fear that he will be attacked by the disease; this might be termed an imaginary hydrophobia.

§ 267. *Anatomical changes*: The bodies of hydrophobic subjects generally decay very rapidly; the blood is dark, fluid, and is rapidly imbibed by the tissues; the veins are engorged. Air is frequently found in the larger vessels, and emphysema develops itself rapidly. The whole surface of the body is blue-red, the epidermis very dry, all the muscles are dark-red, and, like the tendons, they are rigid and tight.

*Causes*: This disease develops itself spontaneously among the canine and feline races. Spontaneous rage has been observed among every species of those races, wolves, foxes, jackals and cats. The virus can be transferred to men and to all sorts of warm-blooded animals, horses, cattle, sheep, swine, goats; but animals that live on vegetables do not seem to reproduce the virus. The same remark applies to man, and all the observations which have been gathered on that subject, go to show that the bite of a man is not dangerous.

The primary cause of this disease is not known. It is supposed that it can be excited by excessive heat or cold, unsatisfied sexual instinct, decayed food, deprivation of fresh meat, want of water in very hot weather.

The rage of dogs is either raving or silent. Formerly it was supposed that a mad dog dreaded the water, that he had foam at the mouth, that he took his tail between his hind-feet, and went straight on in his course. All this is either false or only partially true. We now know that dogs, even in the last stage of the disease, do not always dread the water; on the contrary, real hydrophobia only attacks man. Foaming at the mouth and slavering occur only among dogs attacked with silent rage, etc.

Other and more important symptoms of hydrophobia among dogs are: Alteration in their conduct, restlessness, constant roving about, escape from their masters, loss of appetite, devouring of things which are not natural food for them, such as wood, straw, dirt, etc. ;



constipation, vomiting, a peculiar rough, hoarse, howling bark, disposition to attack and bite people, hasty snapping at inanimate objects, altered, lean, shaggy, sleepy appearance, redness of the conjunctiva, photophobia; in dogs attacked with silent rage, the lower jaw is moreover depressed as if paralyzed; they blaver, the tip of the tongue is protruded between the teeth, and finally the hind-legs are paralyzed. Dogs attacked with rage, die after six or eight days, and sometimes even before that time, in an apoplectic fit.

The following anatomical alterations have been discovered in the bodies of mad animals: dark, tarry blood; inflammation of the pharynx, tonsils, epiglottis, larynx and mucous membrane of the stomach; pieces of undigested food in the stomach. Sometimes the duodenum and jejunum were found inflamed; the trachea and bronchi were filled with a tenacious, bloody foam, congestion of the brain and spinal marrow.

The hydrophobic virus is transmitted by the saliva or blaver being applied to a sore or a part covered with a very delicate epidermis. Contact is necessary to establish the infection. The flesh, spleen, or the substance of the nerves, do not contain any virus. It has no poisonous effect when received into the stomach. A peculiar predisposition on the part of the poisoned subject is likewise necessary to create hydrophobia. Not every bite of a mad animal is contagious, if the necessary susceptibility be wanting. Hunter relates that four men and twelve dogs were bitten by a mad animal: all the dogs died, but the men remained uninjured. In another case, twenty individuals were bitten by the same dog, but one only was poisoned. It is probable that the virus loses of its intensity, when several animals or men are bitten in succession, and that those only who were bitten first, are poisoned. Age, sex or constitution do not modify the action of the virus.

The hydrophobic virus retains its infectious power

for a long time ; it attaches itself to straw, wood, clothes and other substances covered with the blaver of the mad animal ; in this way the disease may be communicated a long time after a mad beast had been seen on the spot.

Physiologists differ as to the period how long the virus can remain latent in the organism before manifesting its destructive agency. This rarely takes place before the tenth day ; according to some it has remained latent for months and years. This, however, may be an illusion, for hydrophobic symptoms may supervene while some other disease exists, and may thus lead to the belief of hydrophobia having set in. Spasms of the pharynx with dread of swallowing liquids, are observed in hysteric patients, individuals affected with typhoid and other fevers, local diseases of the pharynx, œsophagus, nervus vagus.—The development of hydrophobia in man can be hastened by excesses, emotions and passions, anger, fear, fright, sexual intercourse. (*Canstatt.*)

**Prognosis :** Not very favourable. Not every individual is poisoned by the bite of a mad animal. It is not probable that, if no ill effects have been observed for months or years after the bite took place, the disease will break out.

§ 268 and 269. **Treatment :** Hahnemann says in his preface to *Belladonna* : “ A small dose of *Belladonna*, every three or four days, is the best preventive of hydrophobia : one or two doses of *Belladonna* will cure it.” *Belladonna*, however, not being the only remedy for this disease, it may break out even though *Bellad.* should have been taken as a preventive, but it will probably be very much modified in intensity, and will then be easily combatted.

The treatment should be both *external* and *internal*. The external treatment, in homœopathic practice, consists in washing the wound, and afterwards covering it with lint or some fresh unsalted butter or simple ointment. The internal treatment must be conducted in accordance with the state of the patient. If the

patient had already been treated with the plaster of Cantharides or had been salivated, the homœopathic remedies have to be chosen with reference to the results of that treatment. It should be observed, that under homœopathic treatment, the patients experience no pain from the treatment; whereas the allœopathic treatment inflicts upon them untold tortures.

The principal remedies for hydrophobia are: *Belladonna*, *Hyoscyamus*, *Stramonium*, *Cantharides*.

*Belladonna* is principally indicated by the following symptoms: ineffectual attempts at sleep, anxious breathing, frequent desire to drink, though the patient rejects every drink which is offered; burning sensation in the throat with great dryness, red, bloated face and glistening eyes; excessive thirst with suffocative constriction of the throat on attempting to swallow liquids; (this constrictive sensation in the throat does not exist continually, but only at the commencement of every new attempt to swallow a liquid;) inability to swallow; fear alternating with a desire to snap and spit at those present, or to escape from the attendants; constant restlessness of the whole body, and jactitation of single muscles, particularly the muscles of the face.

Though *Belladonna* is not counter-indicated by convulsions of the extremities, yet *Hyoscyamus* is preferable when the convulsions are more permanent, when the spasmodic constriction of the throat is less violent, and there is not so much a desire to snap and spit at the attendants as to injure them in some other way. *Hyoscyamus* is particularly adapted to the following symptoms:

The patient complains of great dryness and burning heat in the throat, with stinging in the throat, and a suffocative constriction of the throat when swallowing; he has a dread of drinks because he is unable to swallow them, and, if he does succeed in swallowing a liquid, he is attacked soon after with spitting and with convulsions that deprive him of his senses. He is constantly delirious, even when there

is no paroxysm, or he is taciturn and exceedingly fearful, or he has paroxysms of rage during which he endeavours to injure others, and is so strong that he can scarcely be controlled; frequently excessive anguish alternates with startings as if in affright, trembling and convulsions; he shows a peculiar fear of being bit by animals; at times the upper and lower extremities are only slightly convulsed, at others the extremities are spasmodically curved and the body is tossed off the bed; during such attacks the patient is often drenched with sweat. His face is red and bloated. There is some sleep, but it is disturbed by starting, and by anxious visions and dreams. In this respect *Hyoscyamus* is distinguished from *Belladonna*, which has ineffectual attempts to go to sleep.

*Stramonium* is indicated by the following symptoms: Restlessness, violent convulsions (of a rather tonic nature), during which the patient becomes so frantic that he has to be tied; he has no sleep, and tosses about his bed, uttering hoarse screams; he is delirious, without memory or consciousness; his pupils are very much dilated; violent desire to bite, and to tear every thing with his teeth; excessive dryness of the inner mouth and fauces; the sight of a candle, of a mirror or of water, throws him into frightful convulsions with irresistible aversion to water, constriction and convulsions of the pharynx, blaver at the mouth and frequent spitting; loquacious mania with gesticulations, dancing, singing, laughing.

Drs. *Hartlaub* and *Trinks* recommend *Cantharides* as a preventive of hydrophobia. I have no experience on this point. In my judgment, *Cantharides* should be recommended for the following symptoms: alternate paroxysms of rage and convulsions, the convulsions can be excited by touching the larynx, which is painful, in the region of the thyroid cartilage, by making pressure on the abdomen, and by the sight of water; the eyes look fiery and flushing, and roll about in their sockets in the wildest manner; the patient is scarcely able to swallow, especially liquids, on ac-

count of a burning and dryness of the mouth and pharynx. There is an excessive desire for sexual intercourse, with constant painful erections or constant itching and burning in the internal sexual parts. The oppression of breathing and anguish are less striking than in cases for which *Bellad.* and *Hyoscyam.* are indicated; the convulsions, however, are sometimes frightful. In general, *Cantharides* seems to be more indicated when the inflammatory symptoms are more prominent, and when the impeded deglutition does not proceed from a spasmodic constriction of the fauces, but the spasm proceeds from the inflammation of those parts or from the pains caused by the swallowing.

§ 270. *Symptomatic hydrophobia* is much less dangerous than the real disease: it is not contagious, and is not always attended with violent symptoms; the frightful anguish is likewise wanting; nor is there any blavering. It is not caused by virus; frequently by fright or anger, or it is a symptom of some inflammatory, nervous or hysteric disease, or attending a very acute eruption, or some other spasmodic or malignant disease. Fear and imagination, after an innocent bite, may, in very sensitive persons, cause the disease. The allœopathic preventive treatment with large doses of *Belladonna*, *Cantharides* and *Mercurius*, may likewise lead to a medicinal hydrophobia, which ignorant physicians might mistake for symptomatic hydrophobia.

To cure this disease, it is of the utmost importance to find out its cause. If it was caused by the continued use of large doses of *Belladonna*, large quantities of black coffee should be administered by the mouth and rectum, to be followed by one, two, three or four doses of *Hyoscyamus*. Repeated doses of *Camphor* may likewise be required, particularly if the disease was occasioned by the abuse of *Cantharides*. If there should be symptoms of poisoning by Mercury, *Camphor*, *Opium*, *Belladonna*, *electricity*, or some other of the

above-mentioned remedies will have to be given, in accordance with the prominent symptoms.

If, however, the symptoms should point to the existence of a more general and more deep-seated disease than symptomatic hydrophobia, in this case the physician will have to select one of the remedies mentioned in the preceding paragraphs; and this will be so much easier, as the hydrophobic symptoms constitute the more prominent symptoms of his patient's illness.

§ 271. *Morbus sacer, morbus caducus, epilepsy.*

Epilepsy consists of paroxysms of sudden and complete interruptions of consciousness and of the sensual functions, accompanied with convulsions. Every single paroxysm is a development of successive symptoms distinguished by stages. This development by stages is not regular in every case; in many cases one or the other stage is wanting.

*First stage:* A well-known precursory symptom is the so-called *aura epileptica*, though it is much less frequent than is commonly believed. It is a peculiar nervous action perceived by the patient, which emanates from the peripheral nerves and seems to extend itself to the brain, where it terminates in loss of consciousness; or it may terminate in this way at the præcordia. At times this *aura epileptica* manifests itself by cloudiness of sight, scintillations, ringing in the ears, illusions of smell or of the other senses; at other times its manifestations are a sensation of warmth, chilliness, titillation, prickling, formication, sensation of a cool breath or cool current of air; at other times again the *aura* is perceived as a spasmodic contraction, tremor, convulsive motion or sudden paralysis of some portion of the motor system, tongue, muscles of the extremities, palpitation of the heart, etc. Every part of the body may be the starting-point of this *aura*.

There are other precursory symptoms of less importance: Symptoms of congestion of the brain, vertigo,

headache, gastric derangement, morbid states of the mind, heart, respiratory and sexual organs, etc. Vomiting is very frequent.

*Convulsive stage.* In the greatest number of cases this stage sets in with a roar; the patient falls down without consciousness, after which all sorts of convulsions set in; distortion of the eyes, mouth, features, the forehead is drawn into wrinkles, the eyelids are alternately opened and closed, the muscles of the jaws are spasmodically affected; the tongue is convulsively protruded and drawn back, and in this way is frequently injured, which is to be inferred from the foam at the mouth; grating of the teeth, they are even broken by the violence of the convulsive friction; the head is spasmodically turned, inclined or bent backwards; the breathing is irregular, laboured, moaning; the face is livid and bloated; the frontal and jugular veins are swollen; the eyes are protruded from their sockets; the hands and fingers are spasmodically contracted; the thumb is clenched, (this is, according to Hufeland, the only muscle which remains in a state of tetanic rigidity, whilst all the other muscles are convulsively agitated; the clenching of the thumb is no constant symptom); the patients throw themselves about, and it is very difficult to protect them from injury; the trunk is curved and thrown about. Among men we sometimes observe priapism, emission of semen, drawing-up of the testes to the inguinal ring; involuntary emission of urine, involuntary stool; hic-cough, sudden distention of the abdomen; eructations, vomiting. As soon as the convulsions set in, there is an entire loss of consciousness; this is the pathognomonic symptom of epilepsy, and where this symptom is wanting, the disease is not epilepsy; on the contrary, if this symptom should be present and the convulsions should be ever so slight, the disease is epilepsy.

It is important to know, that without loss of consciousness there is no epilepsy. The disease is frequently simulated with great success. If the patients

select a place where they can drop down safely, this is a sure sign of deception; for, in true epilepsy, consciousness is gone as soon as the convulsions set in. The same remark applies to the perceptive faculties; in true epilepsy, all the sensual functions cease, sight and hearing are suppressed, the skin is insensible to the most violent impressions, even cutting and burning. An impostor is not apt to bear such treatment. This stage lasts from a few minutes to half an hour.

*Third stage* (stadium soporosum or apoplecticum), stage of collapse, of muscular relaxation. The spasms abate, the breathing is easier, somewhat stertorous; the pulse is more regular, and the patient falls into a sort of comatose sleep, resembling that of an apoplectic person; on waking from this sleep, which has an uncertain duration, the patient knows nothing of what has happened, he feels languid, tired, sad, the head is confused and dull, he frequently complains of headache. Sometimes it takes several days before every trace of the attack has disappeared. The dulness and the forgetfulness sometimes continue for some time. It even happens that partial paralysis, strabismus, distortion of the eyes, delirium, or a somnambulist, ecstatic, maniacal state remains after an epileptic attack.

In some cases the paroxysms set in typically, at certain periods and on certain days, sometimes every night (epilepsia nocturna); more frequently, however, the paroxysms occur at irregular periods, every week, month, or even once or twice a year.

§ 272. *Etiology: Causes:* The disease is hereditary; in this case it frequently happens that the disease first makes its appearance at the age of pubescence and then lasts until the patient's death. Congenital epilepsy may arise from the mother having had a fright during pregnancy.—The disease is most frequent and varied between the 6th and 11th year, after which the disposition decreases, increases again at the age of pubescence, and gradually disappears during manhood, but returns again in old age. Ac-



according to Schœnlein, a particular formation of the skull, an extraordinary thickness of the bones of the skull, are predisposing causes of this disease. Nervous irritation, scrofulous and rickety diathesis, predispose to epilepsy. Celibacy seems to favour the development of epilepsy.

External causes of epilepsy are: violent emotions, fright, fear, anger, excessive mental labour, sexual excesses, onanism; sight of an individual in an epileptic paroxysm; worms, tænia, metastasis by suppressed itch, herpes; arthritic formations; local, mechanical irritants, such as: splinters, exostosis, occult caries, suppressed hæmorrhage, particularly suppressed bleeding of the nose, etc.

*Prognosis.* It is difficult to cure this disease. It is not fatal, but exposes the patient to great danger on account of the falling; it is troublesome, frightful, dangerous, were it only on account of the mere possibility of infection, and finally induces mental debility and even imbecility.

§ 273. *Treatment:* This disease is generally incurable, even under homœopathic treatment. It may be said that two thirds of all cases of epilepsy remain uncured. It is likewise probable that not all cases of epilepsy which are reported cured, were true epilepsy.

The treatment should commence, if possible, with removing the cause. Mechanical irritants have sometimes to be removed with the knife. Suppressed menses have to be restored. The apparent cause, however, is sometimes removed, and yet the disease will continue. As regards treatment, I refer the reader to the chapters on eclampsia, hysteria, and St. Vitus' dance, where a number of remedies have been mentioned that will likewise be found useful in the treatment of epilepsy.

According to v. Bœnninghausen, *Calc. carb.* and *Causticum* are two of the best remedies for epilepsy. He pretends to have cured a number of patients with them. *Calcarea* has the following two symptoms pointing to an epileptic paroxysm: While performing

some manual labour, standing, he suddenly falls down sideways, *with loss of consciousness*; after the return of consciousness he feels hot, and some sweat breaks out. The second symptom is: nocturnal epileptic fits, with screams, at full moon. The following considerations should guide us in the selection of *Calcarea*: It is particularly suitable to a venous-hæmorrhoidal, plethoric constitution, to a scrofulous and rickety diathesis, to young persons, and to females with irritable nerves and subject to menstrual irregularities, particularly to profuse and premature menses. *Calcarea* is an excellent remedy for epilepsy caused by onanism and by exposure in cold water.

In epilepsy of children, *Belladonna* is very often the best remedy; but there are cases where it remains ineffectual, even if strictly indicated by the symptoms. In all such cases, *Calcarea*, in alternation with *Belladonna*, will be found excellent.

*Calcarea* requires very often to be given in alternation with *Cuprum* and *Plumbum*. *Cuprum* has: convulsions with loss of consciousness, foam at the mouth, curving of the trunk outwards, pushing the extremities outwards, with open mouth. In purely nervous epilepsy, Lobethal prescribed *Cuprum* with good effect, and afterwards gave *Calcarea carb.* or *Causticum*. In epilepsy from fright, Vehsemeyer gave *Cuprum* and *Ignatia*, though *Hyoscyamus* is very often preferable, which has: The patient suddenly falls down with a scream, strikes about with his fists and feet, clenched thumbs and set teeth. Weigel cured the following case with *Cuprum*: The disease was occasioned by a fall on the head; every paroxysm set in at night, one or two days after the cessation of the menses, with loss of consciousness, moaning and rattling, foam at the mouth, clenching of the thumbs; at times the patient complained of crampy pains in the stomach, with loss of appetite and yellowish-white coating of the tongue.

For nocturnal epilepsy, *Calcarea* is probably of very

little use. *Opium* will be found preferable; at any rate, *Ignatia* would be better than *Calcarea*.

For a particular description of the epilepsy which is curable by *Plumbum*, I refer the reader to the article *Plumbum* in "*Hempel's Jahr*."\* It will there be seen that the *Plumbum*-epilepsy generally proceeds from the splanchnic nerves, thence extending over the sentient and motor nerves, and finally affecting the brain and the sensual organs. The *Plumbum*-epilepsy is generally characterized by precursory symptoms; after a paroxysm, paralytic symptoms frequently remain behind, or total or partial loss of consciousness for some time; a characteristic symptom is protrusion of the tongue, which is enormously swollen and is bitten by the patient.

*Causticum* may be an excellent remedy in convulsive and spasmodic attacks, but I cannot recommend it in epilepsy. It has only one trifling symptom pointing to epilepsy: "Sudden falling down without consciousness, during a walk in the open air, and rising again as suddenly." With all the other symptoms the characteristic loss of consciousness and perception is wanting.

*Petroleum* is said to have been useful in one case, but I cannot say any thing in its favour.

*Cicuta virosa*, which I have recommended for eclampsia, is likewise excellent in epilepsy. Beside the general and sometimes frightful convulsions, jactitation of the limbs, spasmodic contortions of the extremities, tossing of the body off the floor or bed, it has among its symptoms true epileptic paroxysms recurring at shorter or longer intervals, and characterized by strange motions of the head and trunk, lock-jaw, foam at the mouth, bloated, bluish face, or else cadaverous paleness of the face, protrusion of the eyes, vomiting, feeble, scarcely perceptible pulse, *complete loss of consciousness*, and scarcely perceptible or completely interrupted breathing; previous to the

\* Published by W. Radde, 322 Broadway.

paroxysm, the patient complains of a strange feeling in the head, great sensitiveness of the eyes to the light, he is delirious while walking about; with slow pulse; generally, however, the paroxysm sets in without precursory symptoms, and commences with a sudden fall; after the paroxysm the breathing is free, but the patient remains lying in a state of unconsciousness, insensibility, lethargy.

*Lachesis* is said to be one of the best remedies for epilepsy, next to *Bell.*, *Caust.*, *Cicut.*, *Hepar. sulph.*, *Calc.* and *Silicea*; I am sorry to say, however, that I am entirely unwilling to take the responsibility of recommending it.

*Hepar s.* is recommended for epilepsy, but I think it can only be employed against certain incidental symptoms, and even these are better removed by *Aurum*, *Calc. carb.*, *Nitri ac.*, *Sulphur*, etc. *Hepar* suits scrofulous and psoric constitutions, affections of the reproductive system occasioning epilepsy, mercurial cachexia, secondary syphilis, tuberculosis, excessive irritation of the olfactory nerves, illusions of smell.

*Agaricus muscarius* has: epileptic paroxysms with great muscular exertions; but they are so vaguely expressed that we cannot avail ourselves of such indications.

*Alumina* has been proposed, but without reason, in my judgment.

*Camphor* is, in many cases, an excellent palliative; it shortens the paroxysms, and, in this way, contributes to the cure of the disease. The paroxysms for which *Camphor* is indicated, are generally accompanied with rattling, redness and bloatedness of the face, jactitation of the limbs, and even twitching of the tongue, eyes and facial muscles, with hot, viscid sweat on the forehead and head, and *complete loss of consciousness*; the attack commences with a horrid cry, sudden falling of the patient, with foam at the mouth; after the paroxysm the patient lies in a state of sopor, with slow, laboured breathing; on waking, he finds it difficult to recover himself,

*Stannum* acts on the whole animal and vegetative sphere, and on single nervous trunks and plexuses, particularly on the genital organs of both sexes, where the epileptic malady frequently has its origin. The symptoms which indicate *Stannum*, are : Epileptic paroxysms, particularly in the evening, with clenching of the thumbs, or bending the head backwards, pale face, twitching of the hands and eyes, loss of consciousness. *Stannum* is particularly adapted to epilepsy of children, though it likewise cures epilepsy in any other age.

*Silicea* is suitable to scrofulous and rickety patients, and for epileptic paroxysms proceeding from the cerebro-spinal system of nerves. It is indicated by the following symptoms : *Loss of consciousness* after a sensation of great coldness in the left side of the body, frequent slumbering and starting as if in affright ; the patient talks unintelligibly, does not know any body, becomes so feeble that he is unable to turn to the other side ; afterwards violent convulsions with staring look, distortion of the eyes, twitching of the lips, utterance of inarticulate sounds, stretching and turning of the head sideways, distortion of the extremities, afterwards a horrid roar, lachrymation, foam at the mouth ; lastly, warm sweat over the body, easy breathing, slumber, and, in a few hours, return of consciousness and speech. *Silicea* likewise relieves nocturnal epileptic paroxysms, particularly when taking place at new moon : the body is stretched out, and afterwards tossed off the floor ; these paroxysms take place without the usual cry.

*Nux vom.* may be tried in epilepsy characterized by the following symptoms : Ascension of heat to the heart, thence to the throat, with nausea and oppressive anguish, trembling ; lastly, the heat goes to the head ; crampy sensation, without much pain, in the muscles of the extremities, back, *sc. pulæ*, etc., succeeded by speedily passing convulsions which recur in paroxysms and are easily excited by contact ; convulsive paroxysms with disfigured countenance and ri-

gidity of the muscles; closing of the jaws, extension of the trunk, the pulse being little altered, but hearing and tact being extremely sensitive; tetanic convulsions are excited by the least contact or noise; extremely painful muscular contractions which continue from 3 to 4 minutes and are interrupted by a violent spasm, with the body drawn considerably backwards, feeble beating of the heart, small and scarcely perceptible pulse; tension in the temples and nape of the neck, shortly involving all the muscles of the trunk and extremities; this tension or rigidity is not continuous, but comes in momentary paroxysms, increasing suddenly; these spasmodic contractions are frequently preceded by a violent chill and shuddering, and succeeded by formication and painful sensations along the nerves in the extremities, which the patients compare to electric sparks passing through the parts; after the chill, the spasms set in with greater violence than before, so much the more, the more violent were the precursory symptoms; every three or six minutes the patient has an attack of frightful spasms through the whole body, a real tetanic spasm, with opisthotonos, retraction of the pectoral muscles, loss of consciousness, rigidity of the extremities, excessive hardness of the muscles, contortion of the eyes, cherry-red face, etc. For further indications, I refer the reader to Hempel's Jahr.\*

Beside the above mentioned remedies, the following medicines may be considered: *Secal. corn.*, *Solanum nigr.*, *Magnes. carb.*, *Sulphur*, *Lycopod.*, etc.

§ 274. Schænlein mentions several other kinds of epilepsy, in accordance with the part where the paroxysm commences. I will mention them cursorily, and name a few remedies which I have found useful in the treatment of those varieties.

First:

*Epilepsia abdominalis*, ganglionic epilepsy. At first it is imperfectly developed, and runs through a

\* Published by Radde, 322 Broadway, N. Y.

succession of degrees which Schœnlein divides into two classes. In the first period, the patients complain of a gnawing, contractive, or burning and stitching pain in the præcordia or umbilical region; this pain changes to the above described sensation, the aura epileptica develops itself upwards and gives rise to various morbid sensations in the abdomen, such as: constrictive pain in the stomach, sensation of tightness and distention, loathing, eructations, disposition to vomit, vomiting of an albuminous fluid, momentary symptoms of jaundice, etc. If the aura reach the pineal gland, the sensual functions are disturbed, the sight vanishes, there are luminous vibrations before the eyes, and a slight, transitory vertigo. This stage sometimes lasts a few weeks, sometimes, however, a year and upwards.

*Second period:* The more important parts of the brain, which are the instruments of the higher functions of the soul, become involved. The paroxysm commences with a constrictive or titillating pain in the region of the umbilicus, changing to the aura epileptica, which flashes over the chest to the head, with loss of consciousness, falling and convulsions; afterwards the patient falls into sleep, and, on waking, is unconscious of what has just passed. At first the paroxysms occur seldom, afterwards more frequently, and even eight or ten times in 24 hours. This kind of epilepsy is influenced by the moon; the paroxysms are most frequent and last longest at the time of full moon.

*Etiology:* The disease occurs principally between the 7th and 11th year; among poor people that are subject to acidity of the stomach, it is excited by ascarides, tænia (which is known to be influenced by the changes in the moon's disk); according to Schœnlein, this kind of epilepsy is apt to develop itself after epidem c scarlatina.

*Prognosis:* This kind of epilepsy is generally curable.

*Treatment:* For the treatment, I refer the reader

to §§ 28, 41, 44, 53, 108 of vol. i., and to the preceding paragraphs. I recommend particularly *Ignat.*, *Chamom.*, *Cina*, *Bellad.*, *Nux vom.*, *Merc.*, *Stannum*, *Cupr.*, *Magnes. carb.*, *Calcar.*, etc.

### § 275. *Epilepsia uterina.*

Schœnlein distinguishes chlorotic and plethoric uterine epilepsy. Both varieties have two periods. In the first period the patients experience a constrictive sensation proceeding from the uterus and rapidly ascending, as *globus hystericus*, across the chest to the brain, causing blackness of sight, scintillations, which obliges the patients to sit down lest they should fall. In the second period, complete epileptic paroxysms with loss of consciousness, and convulsions, set in. In the chlorotic variety the face remains pale, chlorotic; there is no symptom of vascular excitement. This excitement takes place in the plethoric variety; even several days previous to a paroxysm the patients complain of increased warmth in the head, which is hot to the feel, of redness of the face, and headache; during the paroxysm the eyes are congested and protruded, the breathing is hurried, there is a bloody foam at the mouth, and even blood-spitting. In both varieties the menses are disturbed. The chlorotic epilepsy principally takes place with feeble, nervous, chlorotic individuals at the age of pubescence; the plethoric variety, on the contrary, during the period of womanhood. The disease is principally excited by violent emotions, such as anger, during the menstrual period, arresting or suppressing the menses; likewise by hysteria, disorganizations or retroversion of the uterus.

*Prognosis*: Not unfavourable; plethoric epilepsy is sometimes more easily cured than the chlorotic variety.

*Treatment*: For the treatment I refer the reader to the paragraphs on menstrual irregularities. If the disease should be occasioned by retroversion of the uterus, this organ should first be restored to its na-



tural position. The remedies are the same as those which have been mentioned for epilepsy generally, particularly those which have particular relations to the female sexual organs. The following remedies deserve particular consideration in either variety: *Platina, Ignat., Pulsat., Sulphur, Conium, Magnes. mur., Colocynth., Staphys., Phosphor., Coccul., Caust., Stannum*, etc.

§ 276. *Epilepsia testicularis.*

It runs the following course:

*First period:* From time to time, generally at night, the patients complain of a violent drawing pain in one, less frequently in both testicles, which are spasmodically drawn to the abdominal ring. In a quarter or half an hour, these phenomena terminate in vomiting, or, more frequently, in a seminal emission; vertigo and vanishing of the senses occur very seldom. This period lasts for months, and frequently a whole year and upwards.

*Second period:* The genital organs are again irritated; the attack, however, does no longer terminate in vomiting, but the head is attacked, the patients fall down without consciousness, and the characteristic convulsions take place; the paroxysm terminates with an emission of semen. As the disease progresses, the irritation in the genital organs disappears, and the epileptic paroxysm sets in without any precursory symptoms.

*Etiology:* The disease occurs at the age of pubescence, in consequence of a want of seminal emissions, irritation of the sexual organs by novel-reading, onanism, attempts at sexual intercourse; also among men who had indulged sexual excesses and suddenly practise abstinence.

*Prognosis:* Favourable, when the disease is treated at the commencement.

*Treatment:* It is particularly in the first period, that the disease should be grappled with; a cure will then be found very easy. Novel-reading and onanism

should be given up entirely; the sexual intercourse should be practised moderately. For the excessive irritability of the sexual organs, I recommend: *China*, *Acid. phosphor.*, *Staphys.*, *Calc. carb.*, *Sulphur*, *Sepia*, *Natrum mur.*—The ill effects of extreme abstinence are best met with *Conium*, *Phosphorus*, *Nux vom.*, *Sepia*, etc.—For excessive seminal emissions, I recommend: *Sulphur*, *Sepia*, *Conium*, *Phosphorus*, *Caust.*, *Bovista*.—For the drawing pains with spasmodic drawing up of the testes: *Thuja*, *Rhodod.*, *Pulsat.*, *Zinc.*, *Nux v.*, *Terebinth.*, *Clematis*, *Nitri ac.*, *Coccul.*

The second period of testicular epilepsy requires the same remedies as all other epileptic paroxysms.

### § 277. *Epilepsia thoracica.*

This disease is occasioned by an irritation of the pneumo-gastric nerve. Schœnlein furnishes the following description of this disease :

*“First period :* Towards evening, the patients, who are frequently roused from sleep by it, are attacked with a sensation of great tightness, oppression of the chest, so that their breathing becomes laboured and panting, without, however, any stitching pain being felt. This constrictive sensation commences at the ensiform process, thence extending over the chest, frequently with a sensation as if a current of air (a breath of air) were ascending. The attack lasts from a quarter to half an hour, and even longer, and either terminates with spasmodic cough, where but little phlegm is raised, or with luminous vibrations before the eyes, and vertigo. This period sometimes lasts several months, or even years. In the latter case, the paroxysms are much more frequent and violent during winter than during the summer-season.

*Second period :* The patients are roused from their sleep, they utter peculiar sounds, like those of beasts, sometimes screams, and are attacked with convulsions, which are frequently so violent that the patients are thrown out of bed. Towards morning they feel very much exhausted, and, if injured by the fall, won-

der how those injuries came to take place, as they have no recollection of any thing that took place during the night. At first, the paroxysms occur only at night; afterwards, if the disease should continue, the paroxysms likewise take place in the day-time, but even then the nocturnal paroxysms are always more frequent and violent than those which occur in the day-time."

*Etiology*: The disease occurs principally among young men; the most frequent cause is: suppressed itch, but this is not the only cause, as is supposed by Autenrieth; it can likewise be occasioned by exposure to wet, and by taking cold while sweating profusely.

*Prognosis*: Not unfavourable.

*Treatment*: An excellent remedy is *Aurum metal.*, for great tightness of the chest, with a crampy contractive sensation in the chest at night, and a constant sensation of taking a deep breath, which is frequently accompanied with violent palpitation of the heart.

Next to *Aurum* we have *Arsenic* for nocturnal suffocative oppression and dyspnœa, with considerable palpitation of the heart.—*Colchicum* deserves consideration if the disease occur by exposure to wet while sweating profusely.

*Sulphur* is one of the principal remedies for epilepsy thoracica from suppressed itch. It is indicated by the following symptoms: Arrest of breathing, frequently, during sleep; the patient has to be roused from sleep, lest he should suffocate; sudden dyspnœa, at night, in bed, while turning to the left side, going off on rising; after falling asleep, at night, her breath was gone, she was going to suffocate, started up with a loud cry, and was unable to recover her breath; violent palpitation of the heart towards morning, followed by a light sweat; suffocative paroxysm, at night, during sleep, without great pain; great weakness of the chest, particularly troublesome at night when getting into bed, so that he is unable to remain long in one position.

*Sepia* ranks with Sulphur, in the first period of the disease, and is particularly indicated by the following symptoms: Considerable oppression of the chest, in the evening, rendering the breathing very difficult, and obliging her to sit up in bed; luminous vibrations before her eyes.—He wakes in the night, with oppression and tightness; he had to breathe heavily and deeply for an hour; afterwards cough with raising of tenacious mucus.—These symptoms correspond to the first period, when the aura is confined to the chest and ends in cough with expectoration of mucus, or when the head is involved, with luminous vibrations before the eyes. *Sepia* is likewise one of the remedies, according to Hahnemann, which is best adapted to the ailments arising from suppressed itch.

*Sulphur* and *Sepia* may likewise be used to advantage when a cutaneous eruption had been suppressed a long time previous, and the present disease had developed itself afterwards by some accidental cause, such as a cold, exposure to wet, violent emotions, etc.

In the second period, the same treatment should be pursued which has been indicated for epilepsy generally, except that particular reference should be had to the remedies which relate to nocturnal paroxysms, such as: *Calcarea*, *Kal. carb.*, *Cuprum*, *Sec. corn.*, *Arsenic*, *Ipec.*, *Moschus*, *Lycop.*, etc.

### § 278. *Epilepsia peripherica.*

It is probable that the exciting cause of this epilepsy is seated in one of the peripheral nerves of the extremities, if this nerve have been wounded or injured in some way or other; if the patient, previous to the paroxysm, experience pain, or some other disagreeable sensation at the place where this nerve is located; if the aura commence at this nerve, and, in its development towards the brain, follow the branches which belong to the nerve; or if, by tying up the nerve, the development of the aura can be interrupted. Sometimes it is a cicatrix or a hardness deep under the skin, which leads to the suspicion that the epilepsy

arises from one of the peripheral nerves. The irritation of one of the peripheral nerves has to be permanent, if it is to cause peripheral epilepsy : for instance, a buckshot, ball, piece of wood, must press upon a nerve constantly ; or the irritation must arise from morbid products which have been formed in the organism, such as : exostoses, arthritic concretions ; or lastly, metastatic formations, such as : suppressed itch.

*Prognosis* : Always favourable if the cause can be removed, and the disease is not too far advanced.

*Treatment* : The same as that of the other varieties.

I omit the other varieties of epilepsy, such as : *epilepsia protopathica*, arising from fright, anger, etc., *epilepsia spinalis*, proceeding from the spinal marrow, etc., because the treatment is entirely the same as that of y other variety.

## TWENTIETH CLASS.

### § 279. *Cyanosis*.

At first this term was used for a particular disease of the heart ; but, inasmuch as other diseases, chlorosis for instance, exhibit similar phenomena, especially as regards the composition of the blood, I shall consider cyanotic and chlorotic diseases under the same head, as belonging to the same family.

The blood of all cyanotic patients is excessively fluid, coagulates with great difficulty, and never forms a perfect crassamentum ; there is always a disproportionate quantity of serum ; the blood is seldom red, generally dark-coloured, with a violet or blue tinge ; not only the mass of the blood itself, but also its component parts, crassamentum and serum, are specifically lighter than in a healthy state ; there is less fibrine and albumen, and more aqueous matter. Respiration and digestion are likewise altered ; the former is accelerated, short, painful, though percussion and auscultation do not reveal any changes in the

respiratory organs. The appetite is likewise extremely variable, at times much less, at others considerably augmented; sometimes the patient exhibits a craving appetite for unnatural things, such as whale-oil, tallow, fat, chalk, etc. The muscular and nervous systems are likewise very much disturbed, the patient complaining of mental and physical debility. The patient feels cold; the skin is blue or dingy-yellow; similar changes of colour are seen in the urine. As the disease increases, the ordinary secretions diminish; the cutaneous secretions are either limited or completely suppressed; the alvine evacuations likewise; sometimes nothing but blood is passed.

*Anatomical changes:* the muscles are either dark-brown or extremely pale; they are deficient in cruor; they can easily be torn, are soft and their volume is considerably diminished. The veins are engorged with blood; the substance of the heart is dark-brown, soft and easily torn.—The spleen is frequently enlarged, and in this case, softened; sometimes contracted, and, in such a case, indurated, hepatized, and even of a cartilaginous consistence.—In the cellular tissue the fat is either wanting entirely, or, in its place there is only water, or, in some cases, venous blood; or we discover an albuminous fluid with some remnants of fat.

§ 280. *Etiology:* Hereditary disposition; organic defects; a particular period, for instance, the period of evolution and involution; cyanosis cardiaca of children; chlorosis at the age of pubescence; scurvy at the period of involution; in all patients we observe great changes in the respiratory functions.

*External causes:* want of food, bad food; atmospheric causes, air devoid of oxygen, impregnated with animal and vegetable effluvia, or with mercurial vapours, chrome and the vapours of chlore, or with the vapours of water; excessive muscular and nervous exertions, or violent hæmorrhage.

Cyanotic diseases generally run a slow course. They terminate—1) in *recovery*; generally, however,

not without the interference of art, and even then only very slowly, without critical changes, generally by a gradual diminution of the symptoms. In summer, patients recover more speedily than in winter.—2) *In partial recovery.* There remain derangements of the ganglionic system, hysteria, hypochondria, melancholy, dyspepsia.—3) *Death*, by sudden exhaustion in consequence of a momentary want of good arterial blood; the patients faint suddenly and die;—or by exhaustion in consequence of colliquative hæmorrhage;—or by the supervention of dropsy and phthisis.—The prognosis may be inferred from our previous remarks.

§ 281. *Treatment.* It is of great importance to regulate the diet of cyanotic patients. They should use nourishing, but not stimulating food, substances containing nitrogen rather than carbonic acid or hydrogen; fresh meat, saccharine vegetables, turnips, etc.; they should drink fresh water, or, if the case allow, water mixed with a little egg and sugar, or even water holding a little iron in solution. Heating or stimulating things, such as quantities of wine, brandy, acrid spices, etc., are hurtful. The air should be warm, dry, containing a good deal of oxygen, for humid or cold air does not agree with the patients; it is therefore of importance that they should take frequent changes of air, and, if their means permit, frequent journeys from a cold to a warm climate. Bathing is very useful.

§ 282. *Cyanosis cardiaca, morbus cæruleus, blue-disease.*

*Phenomena:* Even in infancy the patients have a peculiar blue tinge of the skin. They are more or less slender, without fat, have feeble muscles, blue lips, frequently a blue nose, and the upper limbs are of an unusual length. The last phalanges of the fingers are strikingly mal-formed, swollen, bulbous, furnished with claw-shaped nails. The patients look as if they had been eating whortle-berries. This livid colour is especially seen in the face, on

the lips, in the buccal cavity, on the upper and lower limbs, and particularly on the fingers and their terminal phalanges; it increases with the temperature of the body, on exerting the muscles or lungs. The muscles of the patients are thin, flabby; the patients get tired on making the least effort, they are indolent, and dread exercise. The skin feels cold. All the normal secretions, of the skin, intestines, uterus, etc., are limited, but there is a great disposition to hæmorrhage. Young persons are subject to hæmorrhages from the nose and mouth; afterwards, hæmorrhages from the lungs set in; hæmorrhages from the bowels and urinary organs are not unfrequent. A manual examination of the chest frequently reveals a considerable purring as of cats. The pulse is very seldom normal, generally small, feeble, irregular or intermitting, from 80 to 120.

§ 283. *Etiology*: Malformations of the heart: The perforation of the septum between the auricles and ventricles, is, generally speaking, a congenital defect; the left and right ventricles are not separated, and the venous and arterial blood must necessarily constitute one mass. The violence of the disease depends upon the size of the perforation and the quantity of the venous blood entering the left ventricle. The phenomena of the disease are less intense when it results from the non-closing of the foramen ovale, than when it originates in the aorta having a double root. Frequently the symptoms of cyanosis manifest themselves only in after life, in consequence of violent exertions, after whooping-cough, a fall, and similar events, which cause the latent disease to break out. The disease is particularly apt to manifest itself at the period of dentition, at the age of pubescence, during febrile diseases, exanthemata, a catarrh, etc.

The disease, whether it run a long or short course, always terminates fatally. Most patients die a few days after their birth, at the period of dentition or



at the age of pubescence; or else death supervenes during an affection of the chest, or during measles, small-pox, scarlatina, dysentery, etc.

*Anatomical changes:* In a multitude of cases the foramen ovale, or the ductus arier. Botall., or both together, are open, without any morbid symptoms having been observed as the necessary consequence of this defect; but if other defects should supervene, the phenomena of the disease generally make their appearance. Such defects are principally: origin of the aorta from the right and left ventricle, opening in the septum ventricul., either straight, or oblique, or canal-shaped, generally close to the origin of the large arteries, in which case the foramen ovale is generally open; origin of the aorta from the right, and of the pulmonary artery from the left ventricle; origin of the pulmonary artery from both ventricles; heart with one ventricle and atrium; one or the other of those defects is very frequently accompanied with contraction or even obliteration of the pulmonary artery, alterations of the valves; in such cases the heart is almost always enlarged. Among the anatomical changes likewise belongs the cyanotic habit, the phenomena of which have been described, § 282.

§ 284. *Treatment:* The disease depending upon an organic malformation of the heart, the treatment can only be palliative, and is limited to the periods which have been pointed out in the preceding paragraph. If we succeed in carrying the patient through those periods, we enjoy the satisfaction of prolonging his life for a few years.

Every thing which might excite the heart or lungs, or might impede the circulation, should be most carefully avoided. The patient complaining all the time of feeling cold, he should dress himself warmly, use warm baths, etc.; colds and exposure to wet are exceedingly hurtful. The action of the heart should be favoured by passive exercise, such as riding in a carriage, or on horseback, swinging, etc. The constipation of which such patients frequently complain,

and which, on account of the straining, might develop and increase the phenomena of cyanosis, should be removed by *Nux vom.*, *Bryon.*, *Bellad.*, *Opium*, etc. The patients should observe the greatest possible tranquillity of body and mind, their diet should be light and nourishing, the stomach should never be overloaded, all heating food and drinks should be avoided.

Asthmatic paroxysms and fainting fits are treated as usual. It is useful to rub the chest with warm flannel; to use affusions of the chest with water or vinegar, warm hand and foot-baths, to keep very quiet, and to sit erect. Suffocative paroxysms are most speedily relieved by *Ipecac.*, *Opium*, and when the face turns blue and the patient coughs with great exertion, by *Crocus* and *Moschus*; *Ferrum*, particularly, when the paroxysm is accompanied with an almost imperceptible movement of the thorax, and considerable dilatation of the nostrils; and lastly, by *Camphor*, *Sambucus*, etc. The fainting fits, to which cyanotic patients are subject, require principally *Aconite*, *Moschus*, *Crocus*, *Veratrum*, *Nux vom.*, etc.

I have always found that *bleeding of the nose* is a most dangerous symptom in this malady. Several days before the bleeding took place, the livid color around the nose, lips, in the buccal cavity and on the fingers, was strikingly marked; the patients were indolent, low-spirited, suffered with catarrh, and slept very restlessly at night. *Opium*, *Laurocerasus*, *Acid. hydroc.*, and whatever other remedies seemed to be indicated, were employed without success. *Crocus*, *China*, *Bryon.*, *Bell.*, *Phosphor.*, *Carbo veg.*, nothing was of any avail; the patient went into a state of *collapse*, death seemed to be at hand, when *Arnica*, five drops in one ounce of water, a tea-spoonful every five minutes, and a few drops being introduced into the nose by means of a sponge, arrested the hæmorrhage; the *Arnica* was continued for a few days, and then I gave a little *China*, to raise the strength of the patient.

*Digitalis* might perhaps be adapted to the state

preceding the bleeding, but it should then be employed at once, before any thing else is given to the patient.

§ 285. *Cyanosis pulmonalis.* •

According to Schœnlein, this form of cyanosis is as frequent as the former.

*Phenomena* : The patients complain of a sensation of oppressive weight on the chest ; the breathing is short, hurried, somewhat panting ; the thorax does not expand during the breathing, but this is effected rather by means of the abdominal muscles and the diaphragm. If the disease is uncomplicated, percussion yields a dull sound, which, if the disease is not spread all over, is frequently limited to one side of the chest or to one spot only. At this spot the respiratory murmur is either entirely wanting, or is at least indistinct. Instead of the bellows-sound we hear mucous rattle, not a cough, or bronchial rattle ; if the disease be perfectly developed, these sounds can be heard without the stethoscope. The patients raise a glassy mucus, or a purulent mucus mixed with black blood. The livid colour is most marked in the face, particularly on the cheeks, lips, and in the buccal cavity ; suffocative fits and violent exertions increase the livid appearance. The extremities are cold, the skin is dry, the bowels are constipated ; the urine is scanty, dark-coloured, brown-red ; the pulse is quiet ; the patient is very much debilitated, gets tired after the least exertion, or an exertion is followed by suffocative fits or shortness of breathing.

§ 286. *Etiology* : Pulmonary cyanosis is always a secondary disease, and generally arises from a chronic inflammation of the lungs. Beside the above-named organic defects of the heart, there are other diseases, which, inducing the same mechanism of venous engorgement, realize the phenomena of cyanosis ; such diseases are : diseases of the heart ; alterations of the lungs, such as emphysema of the lungs, hepatization, effusion into the pleura ; cholera. Pathologists distinguish even a *cyanosis encephalica*,

arising from some disease of the brain, hydrocephalus ; a *cyanosis gastro-intestinalis* ; a *cyanosis uterina* or *dismenorrhœica* ; but these varieties are mere symptoms, not general diseases.

*Prognosis* : The disease is of a chronic nature, and always terminates fatally ; in the summer the symptoms are much less intense than in winter, when the cutaneous secretions are much less active, and this diminished activity induces striking aggravations. The patients almost always die from suffocation ; the breathing becomes shorter, interrupted, rattling ; the extremities are cold, but the head feels hot all the time. Death is near, if stupefaction, irregular breathing, and particularly organic defects of the heart (viz. dilatation of the right ventricle) sets in.

§ 287. *Treatment* : The patient should be kept as quiet as possible, use passive exercise, and not exert his lungs ; the patient should eat vegetables rather than meat, he should avoid spirits, drink fresh water, or perhaps a little light malt-beer. The skin and abdominal organs should be taken care of ; remedies have to be chosen in accordance with the principal symptoms. Dropsical symptoms have to be treated as dropsies generally. Sanguineous congestions have likewise to be met with the usual remedies.

§ 288. *Chlorosis, morbus virgineus, icterus albus, febris amatoria.*

*Phenomena* : The patients have a peculiar chlorotic appearance ; the skin has a strikingly pale colour, not of a dazzling white, as after hæmorrhage, but with a tinge of yellow and green ; the blood seems to have retreated from the skin ; the skin is rather flaccid, the lower eyelid is sacculated, and has a dingy blue appearance. The skin is cold to the feel, the patients are very sensitive to a low temperature, are all the time chilly, and want to be in a warm temperature. The same paleness is seen on the mucous membranes of the tongue, which is frequently covered with a thick, tenacious mucus. The muscles are very weak ;

the patients get easily tired, even after a slight exertion ; they are indolent, and want to enjoy rest ; the respiration is oppressed, the patients complain of difficulty of breathing, not dyspnœa but apnœa, for, if requested, they are able to expand the thorax. Palpitation of the heart and arterial murmur are two characteristic symptoms of chlorosis, which continue even when all the other symptoms have disappeared. The pulse, when the disease is perfectly developed, is from 120 to 140, small, feeble, wiry, empty, easily compressible ; the cutaneous veins are pale, rose-coloured, as if filled with coloured water, but are never distended. Diminished appetite, slimy taste in the mouth, oppression, eructations, flatulence after every meal, even after light food ; constipation for three or four days, which is rarely interrupted by diarrhœa ; in which case the food is passed half digested.—If the patient be a female (which is generally the case), and the disease have made its appearance before the age of pubescence, the menses do not make their appearance at the proper time. If, however, the menses had already appeared before the disease set in, they then become irregular as regards time, duration, and nature ; sometimes some light-coloured blood is discharged every six or eight weeks, at other times there is no blood, but merely a little mucus.

Chlorotic phenomena are sometimes observed among men ; the genital organs remain undeveloped, both physically and dynamically ; no hair grows, the testicles remain small, there is no erection, no secretion of semen ; the voice remains thin and feeble, like that of a child.

The above-mentioned phenomena are accompanied with striking derangements in the abdominal system of nerves ; the phenomena indicating either a simple hysteric affection, or a highly developed ganglionic disease, spasms, somnambulism, burning in the stomach, frequently sour vomiting and desire for things which are not eatable, *pica chlorotica*.

The œdema, to which chlorotic patients are liable,

attacks only the feet in the evening, and disappears again during the night, except when dropsy has developed itself; in the morning the eyelids and face are bloated most. It is supposed that no pit is left in the œdema of chlorotic patients from the pressure of the fingers.

§ 289. *Causes*: Chlorosis is principally met with in Northern countries, and occurs more frequently in spring and fall than in summer and winter; relapses occur in those seasons, and damp and cold weather favours the disease; lymphatic and nervous individuals are principally attacked by the disease.

*External exciting causes*: Premature development of the sexual system; afterwards, deprivation of sexual intercourse, widowhood, unhappy love, abuse of sexual functions, onanism, physical stimulants, novel-reading, rich living, sudden and permanent suppression of the menses at the age of pubescence, profuse menstruation; compression of the thorax by tight stays. Among city-girls, chlorosis is much more frequent than among country-people. Girls with blond hair are more frequently attacked than those with dark hair and complexion.

*Duration, course and termination*: Generally the disease develops itself gradually; in a few cases, however, it seems to break out suddenly, or else, the disease which had remained undeveloped heretofore, suddenly attains a very high degree in consequence of a sudden fright or emotion. Sometimes the disease yields to proper treatment in a very short time, but it may last for months and even years.

Recovery takes place gradually; the face loses its pale colour; the pulse becomes fuller and the temperature of the body is restored to its natural standard; the good spirits and the feeling of strength which the patient now enjoys, are sure symptoms of recovery. The menses become regular. At first a red-coloured mucus makes its appearance; blood sometimes is not discharged till the third month. Relapses are very

frequent, especially in a damp and raw season and during the menstrual period.

The following secondary diseases remain after a badly managed chlorosis: Neuralgia, hysteria, melancholy, even idiocy and nymphomania: the latter particularly if the disease arose from the non-satisfaction of the sexual desire. Chlorosis can likewise change to a disease of the heart and lungs, dilatation of the right ventricle with diminished thickness of its walls, finally phthisis. The spleen sometimes remains diseased, viz., atrophied or hardened, and this disorganization generally leads to dropsy. Death supervenes in consequence of the secondary diseases.

*Prognosis*: Generally favourable; it depends upon the duration of the disease, upon the constitution of the patient, upon the mode of life of the patient, and the facility one possesses to modify her external circumstances; upon the intensity of the symptoms, the violence of the cardiac and nervous phenomena, upon the presence or absence of dropsy, disorganization of the spleen, mental derangement, organic diseases of the heart, tuberculosis, hectic fever, or other complications.

§ 290. *Treatment*: Every thing which might have a tendency to prolong the disease, and to interfere with the treatment, must, if possible, be carefully removed. The diet of the patient should be carefully regulated. The sexual sphere is of the utmost importance. Every thing which might excite the sexual instinct, has to be carefully avoided: stimulating food and drink, emotions, passions, reading of lascivious novels, balls, theatres, idle life; the patient should not sleep long, nor lie on featherbeds, because the use of featherbeds causes constipation, debility, and has a bad effect on the sexual organs.

Hæmorrhages and profuse menstruation should be treated with the remedies that have been recommended in former chapters, and, if debility remains, *China* should be administered, which is likewise the best remedy for the debility caused by sexual ex-

cesses, onanism, frequent bloodletting and cathartics. Closing of the os tincæ or of the vagina has to be removed by the knife, after which it will be seen whether such a mechanical difficulty is the only cause of chlorosis.

The slow and gradual development of chlorosis shows that this disease is intimately connected with the general organism, and that, therefore, the greatest care is required to remove it. As was said above, the diet should be particularly attended to. All stimulants, wine, brandy, spices, should be strictly avoided. As regards remedies, *Pulsatilla* is one of the best at the commencement of the disease, when the menses are feeble or retarded, the complexion of the patient is pale, and her muscles flabby. Next to *Pulsatilla* we have *Cocculus*, particularly when the patient complains of spasms deep in the abdomen, with irregular menstruation. *Nux vom.* is indicated by a vehement, passionate temperament, by frequently appearing but irregularly flowing menses, by various symptoms of digestive derangement, vomiting, constipation; also when the patient had abused coffee and tea; to the latter circumstance *Pulsatilla* and *Ignatia* are likewise adapted. *China* is an excellent remedy when the following symptoms are present: œdematous swelling of single limbs, particularly œdema of the feet, blue rings round the faint eyes, distention of the abdomen, costiveness, acute pains, drawing, tension or creeping in the abdomen, bad digestion, sour eructations, strange desire for things which are not eatable, etc. *Arsenicum* is one of the best remedies, if the above symptoms are accompanied with trembling, frequent fainting, and extreme debility.

In the treatment of chlorosis we have sometimes to employ intermediate remedies to remove symptoms of a more or less particular character, particularly morbid states of the sexual system. One of the principal remedies in this respect is *Conium maculatum* for the following symptoms: great sensitiveness of the external and internal pudendum, every four weeks, con-



stant dry heat of the body without thirst, anxious dreams, and feeling of heaviness in the limbs; whining mood, restlessness, anxious care about every thing, stitching in the region of the liver, which sometimes continues several days and weakens the body very much; the menses are entirely suppressed.

*Phosphorus* is indicated when the menses are not entirely suppressed, but appear irregularly; the patient complains of nausea, sour vomiting, oppression of breathing, vertigo, and great sexual excitement.

*Natrum muriaticum* may be given when there are frequent ineffectual indications of the appearance of the menses, accompanied with great sadness, oppression and anxiety, fainting spells, coldness of the pelvis and internal heat, heat in the face, weight in the abdomen, tearing toothache, frequent burning and cutting in the groins.

*Sulphur* is one of the principal remedies for chlorosis. On perusing the provings of Sulphur, it will be found that a number of chlorotic conditions are represented by the symptoms of Sulphur. But these symptoms very seldom point to any particular form of chlorosis; the symptoms of Sulphur indicate chlorosis generally, and this is the reason why it is difficult to determine the particular form of chlorosis to which *Sulphur* corresponds. *Sulphur* can be given alternately with *Pulsatilla*.

*Sepia* is likewise generally indicated for chlorosis the same as *Sulphur*, except that *Sepia* has various morbid conditions in the sexual organs; for instance, the patients complain frequently of a painful pressing in the inner pelvis from above downwards, sometimes accompanied with discharge of mucus; sometimes of a jerking, darting in the vagina from below upwards, or of a stitch in the vagina with occasional discharge of single drops of blood. If no blood be discharged, the patient complains at particular periods of aching pain in the abdomen, swelling of the pudendum, burning in the pudendum, or even discharge of mucus. *Belladonna* and *Platina* should be carefully compared

with *Sepia*. These three remedies should first be thought of when the disease originated in onanism.

*Nitri acidum*, *Lycopod.*, and *Graphit.*, deserve consideration. As regards *Psorin*, I cannot recommend it.

*Ferrum* is the grandest remedy for inveterate cases of chlorosis, and it should be continued until every vestige of arterial murmur has disappeared. But it must be given in massive doses ; small doses are of no avail. Even iron-mineral springs have to be resorted to, and in some few cases we may have to give iron in large allœopathic doses.

## TWENTY-FIRST CLASS.

### DISEASES OF AN INTERMEDIATE ORDER, MENTAL AND PHYSICAL.

#### § 291. *Hypochondria, Hypochondriasis, morbus eruditum.*

For the better understanding of this Protean disease, we will bring its groups under the following heads :

- a) Mental phenomena ;
- b) Symptoms of the digestive apparatus ; and
- c) Symptoms of the nervous system.

A) *Mental phenomena.* Ill humour, particularly during the period of digestion, lowness of spirits, sadness, despondency, constant dwelling upon his ailments, which the patient considers of great importance, exaggerated description of his sufferings, delight in reading medical writings, inexhaustible readiness in discovering similar sufferings to his own condition ; selfish desire that others should sympathize with his sufferings, uncommon mental irritability, melancholy, distrust, taciturnity, despair of the future,

dread of death ; no aversion to life, in spite of all his sufferings ; lastly, inability to perform any kind of work, even to live, from distrust in his own strength, from fear lest he should injure himself. Sometimes his *spleen* alternates with cheerfulness. The changes in the moon seem to affect the patient a good deal ; his condition is most painful when the moon is on the increase. Sometimes these symptoms constitute the whole of the disease, or the disease remains at this point for a long time.

*B) Symptoms of the digestive apparatus.* Though the patients look well, and have a good and even regular appetite, they are constantly complaining of *bad digestion*. After and frequently during the meal, they experience a tension and pressure in the abdomen ; sometimes the abdomen is really distended, there is a constant formation of flatulence which is said to be the cause of the most varied sufferings. Sometimes there is a perceptible swelling under the short ribs and in the epigastrium ; flatulence becomes incarcerated, causing anxiety, palpitation of the heart, rising of heat, and distress ; sometimes there is loathing, heartburn, sour eructations, even vomiting of a tenacious, sour mucus. The distress occasioned by the flatulence sometimes increases to general nervous paroxysms, vertigo, fainting, coldness of the extremities, etc. Relief is afforded by the passage of the flatulence upwards and downwards. In spite of all these sufferings, the appetite of the patient remains undisturbed, and his looks and digestive powers unaltered. Only when organic alterations develop themselves, the patient assumes a cachectic appearance and becomes thin. The patient is generally costive, though the costiveness, which is sometimes very obstinate, at times alternates with diarrhoea ; a good evacuation relieves the patients, hence their constant desire for cathartics.

*C) Symptoms of nervous derangement, particularly of the ganglionic system.* This series is still more varied than the previous ones ; there is scarcely a

part or function of the body which remains undisturbed. We observe the following local symptoms: sensation of coldness and heat, formication, itching of various parts, asthma, cough, palpitation of the heart, throbbing in various parts of the body, particularly in the abdomen, hemicrania, vertigo, cramp in the neck, buzzing in the ears, *muscæ volitantes*, amblyopia, neuralgia, spasm of the bladder, frequent urging to urinate, congestions, increased secretion of saliva, lachrymation, copious sweats, trembling of the limbs, convulsive motions, paralytic paroxysms, etc. Hypochondriacs are so sensitive to external impressions, that the least change in the temperature or pressure of the atmosphere, or the slightest dietetic transgressions, affects them beyond measure, yea, that the least exertion is unpleasant to them. They suffer with headache, are sleepless, troubled by heavy dreams, start up from their sleep; sleep does not refresh them, and in the morning they generally feel worse than the previous evening. The urine of hypochondriacs is generally watery and clear, and they void it in large quantities; frequently, however, the urine is thick, cloudy, with a sediment, and causes fears in the minds of the patients they might be attacked with gravel and stone.

These symptoms are variously modified; but the rapid change of the phenomena, the opposition between the subjective complaints of the patient, and the objective condition of the organ which the patient points out as the seat of the disease, and, yet, where no disease can be discovered; the idiosyncratic sensitiveness of the nervous system to the most innocent and most indifferent impressions; the monomaniacal attention with which the patient contemplates all his sufferings, and interprets all the phenomena of his being as phenomena of disease; and finally, the anxiety and depression of spirits under which the patient is constantly labouring; all this is, like a red thread, winding itself through all the various forms and manifestations of his illness, marking its principal features. (*Canstatt*).

§ 292. It is very difficult to comprehend hypochondria, and it is of importance not to neglect anything by means of which a correct diagnosis can be obtained. It is very wrong to trifle with such patients, or to console them with the unmeaning and trite phrase that their sufferings are all nervous, (meaning imaginary.) It is a great feat for a physician to examine a hypochondriac patient in such a manner that the patient will seem to be satisfied. A hypochondriac patient is distrustful; he has read a good many medical books, and he thinks that he is fully able to comprehend the character, not perhaps of diseases generally, but at least of his own sufferings. It frequently requires great tact to answer the perplexing questions of the patient to his satisfaction, and without his confidence being shaken. If this confidence should have been gained, and the physician should really comprehend the character of his patient's illness, then there is scarcely a doubt that the physician will accomplish a cure, even if it should proceed slowly.

*Hypochondria* can be distinguished from *melancholia* by the following facts: melancholy arises from mental, hypochondria from corporeal causes; a hypochondriac is in full possession of his reason; he talks rationally about every thing, even about his health, except, as regards this latter, in extravagant terms; he is conscious of his condition, and wants only to be pitied by every body. A patient affected with melancholia, complains of spiritual sufferings, not of corporeal ailments; he is astonished to hear that he should be considered sick; at last he becomes indifferent, and does not even care for what he used to love; he cares only for his illusion, to which he sacrifices everything, even his life; hence great disposition to suicide. This is in direct contradiction to the disposition of the hypochondriac patient, who delights in life, clings to it, and attaches himself to his friends and relatives.

*Causes:* Only the male sex are attacked with hypochondria, and very seldom before manhood; it frequently lasts during the whole life of the patient. In

hypochondriac patients the abdominal veins are generally strongly developed, which has probably given rise to the notion that the disease depends upon increased venosity. Hypochondriacs generally have a spongy, flabby constitution. The disease is frequently inherited.

A sedentary mode of life is highly favourable to it ; this is the reason why literary men are subject to the disease ; they are deprived of exercise, and their mental faculties are moreover strained in one direction. Mariners, arithmeticians, copyists, weavers, shoemakers, tailors, are frequently attacked with hypochondria. But by nothing is the nervous system more irritated and weakened than by grief, care, watching, home-sickness, disappointed love, ambition, hazardous speculations disturbing the mind ; persons who are exposed to the operation of such causes, frequently become hypochondriac. The sudden passage from a stirring and active mode of life to idleness and absence of all business, has a similar effect in many cases. Farther causes are : Loathing of enjoyment from satiety, diarrhœa, dysentery, colic, fever and ague ; extreme abstinence in sexual matters, from principle. Also, constant overloading of the stomach with indigestible, flatulent, sour, greasy food, or heavy dishes made of flour ; or, on the other hand, fasting ; or a quantity of warm drink : tea, coffee, etc.

*Prognosis* : Not unfavourable ; the disease does not endanger life, but the multitudinous forms in which it is constantly harassing the patient, tries the patient, his physician and attendants to the utmost. It is very difficult to conduct the treatment of hypochondria systematically, for this reason, that the patient is constantly complaining of some new trouble, and wants to consult another physician. The more wavering the patient, the more unfavourable the prognosis. Unless the patient has full confidence in his physician, is determined to submit to all his dietetic regulations, and is in possession of the requisite means of accommodating himself to the arrangements proposed by his me-

dical adviser, it will be very difficult for him to derive any benefit from treatment. The more recent the disease, the less it had been treated with violent means, the less the danger of material alterations, the more favourable is the prognosis. Hypochondriacs who indulge sexual excesses or onanism, are incurable. I advise a young physician, however, to be careful not to express himself too unfavourably about his patient's prospects; he might be deceived by the extravagant statements of the sick man, and might afterwards have to blush at holding out such discouraging prospects. Bad symptoms are: yellow, cachectic complexion, constant sleeplessness, emaciation, œdema of the feet.

§ 293. *Treatment.* Without proper exercise, amusement, and a strict diet, it cannot be expected that the hypochondriac should ever recover his health. The literary man must give up his sedentary life, and resort to spade and pickaxe; the gourmand should confine himself to a simple and nourishing diet, and the sensualist has to renounce his excesses and mortify his flesh with an unflinching determination. Care should, if possible, be avoided, and, if the circumstances of the patient permit, he will derive vast benefit from travelling.

As regards exercise, it should be observed that excessive exercise is not advisable. The best time for taking exercise is in the morning and evening, never immediately after a meal; the best kinds of exercise are walking, gymnastic exercise, swimming, hunting, sawing wood, etc.

It is extremely difficult to restore the mental health of the patient; but we must attempt to afford adequate amusement to the patient, suitable to his talents, disposition and social position.

If it should be necessary to resort to remedies, we have in the first place—

*Nux vomica*, which is suitable to literary men; particularly with a vehement temper, and a nervous, venous, bilious constitution; sedentary life, want of

fresh air, constant mental efforts, and the use of stimulants, develop the disease among that class of individuals. Digestive derangements, derangements of the portal and biliary system, constipation, etc., must necessarily take place, and it is at this stage of the disease that *Nux* is specifically indicated. *Nux* likewise corresponds to hypochondria caused by rich and excessive living. In general, *Nux* is the best remedy for hypochondria arising from a morbid condition of the abdominal nerves; after dinner, the patients generally experience a feeling of malaise and languor.

*Staphysagria* is an excellent remedy for hypochondria arising from abuse of the sexual instinct, or from chagrin with indignation, or from care and grief. *Staphys.* is characteristically indicated by a fitful mood, or change of the morbid phenomena, except the flatulence which remains all the time; also by indifference with indisposition to talk.

*Phosphorus* is supposed, by Hahnemann, to be contraindicated by want of sexual desire, and debility of the sexual organs. I do not think that this observation is correct, and I give *Phosphorus* particularly for hypochondria arising from onanism.

It is well, if the nervous system should be very much excited, to give a few doses of *Nux vom.*, and afterwards a few doses of *China* before administering the *Phosphorus*. *Phosphorus* is likewise suitable to hypochondriacs with a thin, slender constitution. Such hypochondriacs are fond of walking about; all their senses are very much excited, and they are so irritable, particularly after dinner when they experience a pressure at the stomach, nausea, and heat in the face, that their company becomes exceedingly unpleasant.

*Conium* corresponds to hypochondria arising from extreme abstinence in sexual matters. Even on their walks they are sad and melancholy; they become more and more listless, indifferent, indolent, and finally the disease becomes so inveterate that the patient becomes averse to life, and thinks of killing himself.

This last symptom indicates, perhaps, *Aurum me-*



*tal.* more characteristically than any other remedy. This symptom is always accompanied with great oppression and anguish, particularly in the region of the heart, and with constant congestion of the chest. The *Aurum*-hypochondria is moreover characterized by a bruised pain in the brain, which becomes excessively violent by thinking, reading, talking, writing, and leads to an extreme confusion of ideas. For the gastric symptoms, I refer the reader to the *Mat. Med.*

*Gratiola* may be tried, when the patient complains of his stomach, hypochondria and abdomen; his stool is hard and insufficient; there is pinching and cutting in the umbilical region, malaise with repletion and pressure in the stomach, and a good deal of eructations. Although stool relieves the patient, yet he keeps constantly thinking of his condition.

*Stannum.* The patient feels better when walking, worse during rest, and yet he is all the time complaining of bodily and mental weakness; he feels on that account sad and low-spirited, cries, and, if with all this there should be a stupefying pain in the brain as if the skull were screwed in, illusions of hearing, pains in the stomach, with irregular appetite, feeling of emptiness in the abdomen, constipation, exhausting night-sweats, etc., then the patient feels extremely unhappy, and is a source of great discomfort to his attendants.

*Zincum.* Crampy pains prevail; the patient complains particularly after dinner, during rest; he is very sensitive to the open air. His sleep is restless, disturbed with fancies which worry him even in his waking state, inducing a hypochondriac mood and frequent thoughts of death. These are, of course, favoured by his nervousness, a constant pressure under the short ribs, particularly on the right side, frequent empty eructations which afford no relief, pressure in the middle of the spinal marrow, a frequent, constrictive sensation in the pit of the stomach, with anxiety, incarceration of flatulence in the abdomen, frequent ineffectual urgings to stool, a peculiar distress about the head, etc.

*Natrum carbon.* is particularly indicated when the slightest dietetic transgression causes a great digestive debility, ill humour, etc. The patient is at times restless, anxious; at times he dreads men and company, is fearful and even listless as though he did not care about living; he complains all the time of an aching pain in the head, bad taste, with tolerable appetite, qualmishness, with tension in the hypochondria, drawing cutting in the stomach, and oppression of breathing.

*Sulphur* is a great remedy in this disease, even if it should not always be indicated by the symptoms; it sometimes is required to restore the susceptibility of the organism to the action of the proper remedies.

Beside the above-mentioned remedies, *Veratr.*, *Asa.*, *Pulsat.*, *Bellad.*, *Plumb.*, *Magnes. mur.*, *Valeriana*, *Arnica*, *Moschus*, *Mezer.*, etc., should not be forgotten.

## TWENTY-SECOND CLASS.

### § 294. *Venereal disease, Syphilis.*

The doubts which I have expressed relative to Hahnemann's theory of psoric diseases, are likewise to be applied to his doctrines about syphilis and sycosis. It is perfectly evident that his experience in the treatment of these diseases has been very scanty; and I shall therefore take the liberty, in describing the treatment of syphilis, to substitute my own and other physicians' experience for Hahnemann's mode of treatment.

### § 295. *Name and origin of the disease.*

Syphilis has had different names, derived either from the prominent symptoms, or from the nation among whom it was supposed to have originated, or from the saint whose aid was invoked for the deliverance from

such a scourge. The Italian physician, *Frascatory*, derives the term syphilis from a shepherd of that name, who was said to have been punished by the gods with that disease. It was termed *pudendagra*, *mentagra*, *morbis St. Rochi*, *St. Jacobi*, etc., from saints who had to be invoked to get rid of the disease. It is likewise termed *mal de Naples*, *mal de France*. The people of the East, the Poles for instance, term the disease the German malady; the Russians the Polish; the Persians the Turkish; the Dutch the Spanish; the Germans the French or Spanish; and the Oriental nations the Frankish malady; the English term it French pox. Fernelius has termed it *lues venerea*, and, in the language of the learned, this name has been preserved up to this day.

The opinions about the origin of the disease differ. Some derive it from the remotest antiquity, referring even to the Scriptures for their authority, considering even the nocturnal pains of David and the disease of Job, etc., as syphilitic diseases, without any further proofs. But if we understand by syphilis a disease which can be transferred from generation to generation by means of a specific virus acting upon the genital organs, it becomes evident that the above-mentioned diseases of the sexual organs could not have been anything else except what we observe in our days after an embrace with females during the menstrual flow, or as a consequence of the infection caused by the lochia or whites. For there is no well authenticated proof that the syphilitic poison has been, in those remote ages, transferred in a single instance from one individual to another. Others date its origin from the last ten years of the fifteenth century. This is probably correct, for the disease spread, at that time, all at once over every country in Europe, and was regarded as a new disease, which could not have been the case had its character and symptoms been previously known. It is a fact that the first description of the disease was given in the year 1494, and that it was said to have come from Naples, where it

had been introduced by the army of king Charles VIII. of France.

§ 296. *Character of syphilis.*

Syphilis is a dyscrasia of the reproductive system, manifesting itself in the shape of ulcers, excrescences, blennorrhœa, and cutaneous eruptions; after having been developed in the individual by means of a peculiar, fixed contagium, it reproduces the same virus, by means of which it can be transmitted to other individuals. The disease is distinguished by the fact that it is either attended with decrease of the vegetative life, destruction of the fibre by ulceration, or with the contrary phenomena, hypertrophy of the tissue, excrescences and blennorrhœa; this opposition is observed in no other disease, except perhaps, scrofula.

§ 297. *Contagious character of syphilis.*

The syphilitic contagium is transmitted either—

1st. Directly by coït, pæderastia, a kiss, (provided primary syphilitic ulcers have broken out around the mouth); by the contact of sore parts with the syphilitic virus; or—

2d. Indirectly by the contact of substances that are infected with the syphilitic virus; tobacco-pipes, cigars, drinking vessels, spoons, wind-instruments, tooth-brushes, syringes, bathing-tubs, privies, etc.—The virus can even be transmitted by a healthy woman who had an embrace with a syphilitic individual without being infected herself; the virus may have remained in the vagina, and, in this way, may be communicated to another man.

The period between the infection and the breaking out of the disease, is very uncertain: the shortest period is from twenty-four to forty-eight hours, the longest seven weeks; generally, however, the first syphilitic symptoms appear between the fourth and eighth day. The development of the syphilitic disease seems to depend a good deal upon external causes, violent physical or moral stimulating influences, in-

creased temperature of the body by dancing, warm baths, etc. It depends likewise upon the greater or less susceptibility of the patient to morbid influences.

*Prognosis.* Generally speaking, favourable, provided the patient is otherwise well, the secondary symptoms are of a recent origin and not much developed, no osseous disorganizations have taken place, the patient lives soberly, has not been poisoned with mercury, follows the instructions of his physician, and no other dyscrasia has been roused in his organism, combining itself with the syphilitic virus. Relapses cannot always be avoided. Disfiguring cicatrices, deformities, disorganizations, bony swellings, very often remain. In scrofulous individuals the syphilitic virus is extremely inveterate.

#### § 298. *General treatment of syphilis.*

This refers exclusively to the diet. We know that the speedy cure of syphilis requires the observance of the following rules :

1st. An equal temperature, from eighteen to twenty degrees R., and a pure air. In warm climates the disease runs a much milder course than in northern countries, and, in these, the disease is more easily cured in the summer than in winter. This is probably owing to the fact, that the cutaneous action is much more prompt and regular in the summer than in the winter.

2d. Starvation ; the less the patient eats, the less he feeds the disease. Feeble patients, however, may be allowed a more nourishing diet. The following articles of diet should be particularly avoided : acids, such as vinegar and lemon-juice ; spirits, such as wine, brandy, etc. ; a little light beer may be used ; light vegetable food and mucilaginous substances are allowable, likewise meal and flour ; meat should be strictly forbidden, and spices likewise, such as coffee, tea, pepper, saffron, cinnamon, vanilla, cloves, caraway ; scents, perfumes, artificial tooth-powder should be avoided. Moderate smoking is admissible.

3d. Rest, a recumbent posture as much as possible, extreme cleanliness. The patient should enjoy the most perfect bodily and mental quiet; he should walk little or not at all, he should not remain standing long at one place, avoid tight clothes and riding in a carriage or on horseback. The ulcers should be frequently bathed with old linen soaked in tepid water. In phymosis, warm milk or tepid water should be injected into the urethra several times a day.

§ 299. *Acute gonorrhœa.*

Syphilitic gonorrhœa resembles a catarrhal inflammation of the mucous membrane of the urethra, modified according to the seat or extent of the inflammation and the character of the accompanying fever, whether erethic, synochal, or torpid.

*Symptoms* : The first symptoms of the disease show themselves between the third and eighth day, seldom before and seldom after. The gonorrhœa generally commences with the sensation of a voluptuous titillation at the tip of the urethra, with increased desire for sexual intercourse; frequent erections, particularly at night; seminal emissions, and increased desire to urinate. In three or four days this titillation changes to a troublesome and painful sensation along the urethra and in the fossa navicularis, which changes to a burning during micturition; the orifice of the urethra and the glans are swollen, red, sensitive.

Soon after titillation and pain have set in, a whitish fluid, which is at first half-transparent, is secreted from the urethra, and is partly discharged and partly dries up in the urethra and stops up the orifice; soon, however, the fluid is changed to a purulent, milky or greenish mucus, which is secreted in large quantities and can be pressed out. A burning, stinging, tensive pain, is experienced along the urethra during micturition, it is increased by pressure, and frequently extends to the perinæum, the groin, and testicles. The fever is generally very mild. This is the inflammatory stage, which is at its height on or about the fifteenth day.

Gradually the pains diminish, the erections become less frequent and painful, the swelling of the glans and tip of the urethra disappears, the discharge becomes thicker, jelly-like, diminishes, and finally disappears altogether.

§ 300. *Modifications of gonorrhœa.*

Gonorrhœa is not always as mild as I have described it in the previous paragraph; it frequently passes beyond a mere erythematous inflammation of the mucous membrane, increasing to a synochal phlegmonous inflammation, much more intense than the former, running a more rapid course, and penetrating more deeply into the tissues adjoining the mucous membrane. This more intense degree depends upon the constitution of the patient, upon the character of the infection, or upon the treatment which, when too stimulating, sometimes transforms a mere erythematous inflammation to a synochal, etc. This latter inflammation sometimes involves the prostate and even the bladder, being attended with acute pains. The glans is bright-red, swollen, the urethra is very painful to pressure in its whole length, and feels hard in some places. The discharge is sometimes streaked with blood; sometimes even pure blood is discharged from the urethra during an erection. Micturition is difficult, very painful, the desire to urinate intolerable; sometimes there is complete ischuria, spasm of the bladder and tenesmus, constipation, chordée, orchitis, consensual buboes, synochal fever. The inflammation is sometimes so intense that there is no secretion at all, in which case the Germans term it "dry gonorrhœa."

A second variety is the so-called *torpid gonorrhœa*; the patient feels otherwise well, and there is only a discharge from the urethra.

Another variety is the so-called erysipelatous gonorrhœa, with erysipelatous inflammation of the prepuce, œdematous, shining, pale-red swelling of the prepuce and orifice of the urethra, and discharge of a rather watery mucus, with erysipelatous fever.

Chordée is generally present in the synochal variety; this is a curvature of the penis downwards during the painful erections, and is caused by an effusion of plastic lymph into the interstices of the spongy body of the urethra, to which the inflammation of the mucous membrane had extended; this effusion prevents the free passage of the blood into the cells of the corpus cavernosum during an erection.

If the prepuce is very long, phymosis is apt to set in, that is, the prepuce becomes inflamed or œdematous, and can no longer be drawn back over the glans. By paraphymosis we understand a constriction of the penis by the swollen prepuce being drawn back behind the glans, and not allowing of being brought forward again over the glans; it takes place when the prepuce is very tight, and has been violently drawn back behind the glans, for instance, in consequence of erection, embrace, etc.; the prepuce forms pad-shaped swollen folds behind the corona glandis, which sometimes swells up enormously, and may even become gangrenous unless the stricture is relieved very soon.

#### § 301. *Terminations of gonorrhœa.*

The usual termination is in dispersion, with gradual abatement of all the troublesome symptoms and transformation of the purulent into a rather serous discharge. Some pains pass off sooner, others later.

Secondary gonorrhœa frequently remains, trying most severely the patience of both physician and patient. All the morbid symptoms have disappeared, except a chronic irritation of the urethra which remains and manifests itself by a constant discharge of mucus, and very frequently by pain in the urethra. Irritable individuals get worse by exercise or stimulants; torpid individuals are less affected by such causes.

Long-lasting secondary gonorrhœa may likewise lead to strictures and ulcers, though I have never witnessed such results under homœopathic treatment; I have seen, however, difficulty of urinating and emission of the urine drop by drop under that treatment.

It is a remarkable fact, that gonorrhœa will rouse



many ailments which had previously remained latent in the organism. Even perfectly healthy individuals frequently complain of distresses which make their appearance after the gonorrhœa and even during the disease, and first announce themselves by the fact that the discharge will not pass off under several weeks, or turns into secondary gonorrhœa. In a very few cases, the remedies which Hahnemann has proposed for this disease effect a cure ; but in by far the greater number of cases, the Hahnemannian mode of treatment would allow the disease to run its course unchecked.

§ 302. *Homœopathic treatment of gonorrhœa.*

This disease is exceedingly troublesome both to the patient and physician. The former would be willing to bear the pain if it were not for the discharge ; and the latter is perplexed by the uniformity of the symptoms. The different forms of gonorrhœa are only distinguished by the intensity of the symptoms, and perhaps only the synochal variety points more distinctly to one or the other remedy. I have not always been able to prevent the disease running into a secondary form ; I have even no hesitation in saying that, when I hit the right remedy, it was more by accident than anything else.

Hahnemann proposes to cure sycotic gonorrhœa with a few pellets of *Thuja* 30, allowing them to act for thirty or forty days, to be followed with a few pellets of *Nitric acid* 30, which are to act as long. For common gonorrhœa he prescribes a drop of the recent tincture of *Petroselinum*, provided there is frequent urging to urinate, or a drop of an alcoholic solution of *Balsamus Copaivæ*, provided the excessive inflammation of the urethra, or the psora which had been roused by a violent allœopathic treatment, does not require the use of the antipsorics.

As I said above, the treatment proposed by Hahnemann is entirely insufficient. *Petroselinum* and the tincture of *Copaivæ* cure but very few cases of

gonorrhœa. *Thuja* alone is scarcely ever sufficient to cure syccosis; *Nitric acid* has to be given afterwards, or even *Cinnabaris*, or some other mercurial preparation. Some cases of syphilis do not yield to *Mercury*, but require *Hepar sulph.*, *Acid. nitr.*, *Aurum*, *Rhus tox.*, or some other remedy. Some patients are sufficiently impressed with a dose of *Mercurius* 12, others require repeated doses of the first trituration.

Some gonorrhœas require a variety of remedies. In gonorrhœa which at once sets in with great intensity, I give from the commencement a dose of *Thuja*; this facilitates the treatment, though I confess, I am entirely unable to distinguish between syccotic gonorrhœa and one of an ordinary kind. If figwarts are present, the gonorrhœa always disappears with the general disease. There are syphilitic gonorrhœas capable of producing a chancre; these gonorrhœas yield to *Mercury*. This agent is indicated when the urging to urinate is not relieved, but rather increased, by *Petroselinum*, and when an intolerable burning is experienced in the forepart of the urethra during micturition, particularly during the passage of the last drops of urine, the glans being at the same time swollen and hot; the discharge has a greenish tinge. The remedy has to be repeated frequently. *Mercury* is particularly suitable when the gonorrhœa is attended with phymosis, paraphymosis and balannorrhœa. *Mercury* is perfectly suitable at the commencement of a synochal gonorrhœa, or when an erethic gonorrhœa is about to assume a synochal character. If syphilitic ulcers are present, *Mercury* should be given as a matter of course.

In several cases where the patients presented themselves at once, as soon as they perceived any untoward symptoms, a cure was effected immediately by a small portion of a drop of *Copaivæ bals.*; but there was no urging to urinate. But, if the patient drank coffee, took much exercise, used stimulants, etc., the effect of the *Copaiva* was destroyed immediately, and no subsequent dose was able to repair the mischief.

*Petroselinum* helps only in very mild cases which would, probably, have got well in the end without any medicine.

*Cannabis*, three doses a day of the mother-tincture, is the best remedy in the erethic stage of gonorrhœa. I continue it, until the pain has entirely gone; the discharge of mucus frequently decreases at the same time. If this, however, should not be the case between five or six days, I then frequently resort to

*Cantharides*, 3 att., ten drops in one ounce and a half of water. This will effect a cure in many cases, but in many other cases it will not, and then the choice is difficult, for secondary gonorrhœa now makes its appearance.

Torpid gonorrhœa requires to be treated as the other forms of gonorrhœa. In synochal gonorrhœa, with painful erections, violent burning and tenesmus of the bladder, we have to give repeated doses of *Aconite*, in alternation with *Cantharides*, after which the gonorrhœa assumes the ordinary mild form, for which *Cannabis* or some other remedy should then be given.

In dry gonorrhœa, with inflammation of the neck of the bladder and of the bladder itself, *Aconite*, *Pulsat.*, *Thuja*, *Cannabis* and *Canthar.*, are the principal remedies. In chordée we give *Cannabis*, *Merc.*, and *Canthar.*, or, when there is much inflammation, *Aconite*, which can sometimes be followed by *Sulphur*. *Sulphur* is an excellent remedy in torpid gonorrhœa, even when the glans is red and swollen; it frequently proves efficient in secondary gonorrhœa, and in the gonorrhœa of children, produced by worms or some other unknown cause. For symptomatic buboes, *Mercur.*, is the principal remedy; sometimes, however, *Hepar sulph.*; they disappear, however, of themselves as soon as the urethritis is removed.

*Mercurius* should likewise be administered for the painful swelling of the lymphatic vessels along the penis and the prepuce; *Calomel*, however, acts better than *Merc. sol.*, and, if *Calomel* should not produce an

improvement between sixteen or eighteen hours, *Merc. præcip. ruber* should be given. In secondary gonorrhœa, *Sulphur*, *Lycop.*, *Conium*, *Hepar s.*, *Natr. mur.*, *Agnus cast.*, *Acid. nitr.*, *Sepia* and some other remedies are the best. Latterly I have cured many cases of secondary gonorrhœa with one drop of *Cantharides*, morning and evening; many other cases remained uncured. On one occasion Hahnemann complained to me of the secretions of mucus which continued to take place between the prepuce and glans in cases of condylomata, though the excrescences had been cured; "in these cases," said he, "lime-water, a solution of the acetate of lead, or some other external application, may be used without injury to the general health." Why should not this remark apply to secondary gonorrhœa? I have tried an injection of the acetate of Zinc, from ten to fifteen grains in five ounces of water, three times a day, in very difficult and inveterate cases, with great success. When the secondary gonorrhœa was not too old, an injection of red wine and water was found sufficient.

To moderate the nocturnal erections, the patient should not only take *Cantharides*, but he should eat little or nothing at supper; he should sleep on mattresses, cover himself moderately, and urinate as often as he wakes. If *Cantharides* be not sufficient, *Can-nabis* will be found to answer the purpose, particularly if the phlegmonous symptoms had been removed.

Blood is frequently discharged from the urethra in synochal gonorrhœa; the patient feels rather better after it than otherwise; only when the discharge is considerable, cold applications may be made to the penis and perinæum, or cold injections into the urethra, or compression of the urethra may be resorted to.

Dysuria and ischuria are treated as usual.

The phymosis disappears with the inflammation; it does not require any particular treatment; the parts should be kept very clean, and tepid water

should be frequently injected between the prepuce and glans.

Paraphymosis, on the contrary, has to be removed immediately, lest gangrene of the glans should supervene. The glans has to be compressed with the fingers, and the prepuce should, at the same time be drawn back over the glans; this is frequently very difficult, and takes from one half to one hour; the operation is frequently facilitated by previously bathing the parts in warm water.

*Pulsat.*, *Ferrum*, *Capsicum*, *Mezereum*, *Ledum*, *Nitr. acid.* and *Sabina* seem to be related to the symptoms of this disease, but I have never derived any benefit from these remedies. Nor have I from *Tussilago Petasites*, recommended by Dr. Rosenberg, or from *Bignonia radic. minor*, proposed by Dr. Wahle.

### § 303. *Inflammation of the glans and prepuce.*

These inflammations most frequently set in as a sequel of syphilitic diseases. Sometimes, however, they occur without any infection having taken place, in consequence of sexual excesses, contusions, irritating vegetable poisons; even the whole penis appears inflamed, with violent burning pains through the whole penis, and attended with painful stitches, shooting from the back to the fore part of the urethra. These inflammations terminate in gangrene more easily than any other, particularly when they have an erysipelatous character, as is sometimes the case in gonorrhœa.

If this inflammation should have been caused by abuse of *Cantharides*, the antidote is a solution of *Camphor*.

Paraphymosis may arise from too tight an embrace, with swelling and burning pain of the glans and swelling up of the prepuce in the shape of a blister; in this case, the taxis, which has been described in the preceding paragraph, should be attempted, and *Aconite* and *Arnica*, or, if these remedies be not sufficient, *Rhus tox.* should be given. But if the whole penis

should be inflamed, if violent erections should be constantly taking place, or chordée should have set in, in this case *Cantharides* will be found to act as a specific. For a simple inflammatory swelling of the penis without congestion, *Ledum* is a good remedy.

If the inflammation arise from syphilitic ulcers on the glans and inner surface of the prepuce, *Mercurius* is the best remedy, or else *Hepar sulph.*, or *Nitri acid.*, if the patient should have taken much Mercury. Where no cause can be assigned, *Cuprum*, *Cannabis*, *Cantharides*, etc., will do good.

For an erysipelatous inflammation *Camphora*, may prove useful, or *Belladonna* followed by *Calomel*, first or second tritur. *Rhus tox.* corresponds to vesicular excrescences on the inflamed parts. If symptoms of gangrene should set in, *Arsenic* must at once be given; the approach of gangrene is diagnosed by a sudden abatement of the violent pains, though the swelling remains the same, and by the livid colour.

§ 304. For the primary gonorrhœa of females, leucorrhœa virulenta, I refer the reader to my remarks on colliquations, § 93 of this volume. I have nothing further to add.

#### BALANITIS, GONORRHOEA PRÆPUTIALIS.

This affection only attacks men with a long prepuce, and subject to profuse secretions from the follicles of the glans, and scarcely ever occurred in my practice, except among men who had had several attacks of syphilis and had not kept themselves clean. The disease can likewise occur in consequence of a mechanical injury of the glans, pressure and friction during too tight an embrace, onanism, or an embrace with females during the menstrual flow, or females affected with leucorrhœa.

*Symptoms of balanitis* : The glans under the retreating prepuce appears somewhat swollen, red, and covered with a purulent mucus which has the odour

of old cheese. On the glans we observe actual abrasions. There is little pain, but heat and itching of the glans and prepuce. The disease runs a rapid course, and frequently disappears merely after bathing the part with milk. Sometimes abscesses form between the glans and prepuce in consequence of the accumulation of mucus; this, however, occurs very seldom in simple balanitis. If balanitis is accompanied with chancres, there is generally phymosis, and the chancre is felt through the prepuce like a hard spot; it is likewise probable that ulcers are present when the secretion is rather ichorous than purulent, sometimes mixed with blood, or when buboes are present.

§ 305. *Treatment*: Bathing with milk, or with a decoction of althea, or tepid water, is of the utmost importance in simple balanitis, that is, in balanitis occasioned by friction during too tight an embrace, or by enjoying an embrace with menstruating females, or females affected with leucorrhœa; it is likewise of importance to introduce a linen rag soaked with one of the above mentioned liquids, between the glans and prepuce, and to renew this three or four times a day. If this should not be sufficient, the parts should be bathed several times a day with limewater, or with a solution of one grain of the acetate of lead in from two to three ounces of water. This will suffice.

The more inveterate cases require internal remedies. If the disease should return after having been removed by such applications, it is fair to suppose that it is more deep-seated than appeared at first sight. This is particularly the case with men who had been several times attacked with syphilis. The best remedy is *Merc. præcip. rub.*, 2d or 3d trit., one grain morning and night, to be continued for five or six days, after which period the medicine is to be discontinued for a few days to ascertain whether the disease requires further treatment. This remedy is indicated when only part of the glans and corona glandis exhibits erosions, and the secretion is not ichorous but white-slimy, and has no very offensive smell. If this latter

symptom was present, if the ulcers were more extensive, covering even the inner surface of the prepuce, I always found *Cinnabaris*, 1st trit., preferable to the red precipitate. If the secretion be rather ichorous, with a penetrating odour; or if the erosions, particularly behind the corona glandis, should change to round, unclean or flat ulcers; or if the patient had taken a good deal of Mercury, then *Thuja* will be found the best remedy, and it will be rarely necessary to follow it up with *Nitric acid*.

If the disease owe its origin to onanism, the patient must, in the first place, renounce his habit; he complains of itching and creeping of the glans, which is covered with red spots of the size of a dime; these spots secrete a humour, especially near the corona, spread a fetid odour, and oblige the patient to scratch all the time. *Natrum muriat.* is the principal remedy for this condition, which requires to be followed by *Lycopodium* in a few cases, or, in some others, by *Sulphur*. Attomyr recommends *Corallia rubra*, 3d trit. This medicine has: the glans and inner surface of the prepuce are painful, red and swollen, secreting a yellow-green, fetid pus, with red, flat ulcers on the glans and inner surface of the prepuce, and a quantity of yellowish ichor.

Of any other remedies which have been recommended for this disease, such as *Sepia*, *Mezereum*, *Nux v.*, etc., I have nothing to say, because I have never used them.

### § 306. *Secondary gonorrhœa.*

*Epididymitis gonorrhœica, orchitis gonorrhœica. Swelling of the testicles.*

I refer the reader to § 255, vol. I., where he will find every thing I have to say on this head. As a preventive, the patient may, as soon as the gonorrhœa makes its appearance, wear a suspensorium; he should likewise guard against cold by every possible means.



If orchitis should have set in, the patient must keep a horizontal position, and wear a suspensorium.

§ 307. *Ophthalmia gonorrhoeica.*

This disease is produced by a metastatic transfer of the gonorrhoeic miasm to the eye, not by the introduction of the secretion into the eye. This may induce conjunctivitis, which, however, can easily be removed by washing the eye with tepid water or a decoction of althea.

*Symptoms:* The gonorrhœa disappears suddenly. Soon after, the patients experience a burning sensation in the eye, with visibly increasing dark redness of the eyelids and conjunctiva, which swells and becomes raised round the cornea like a wall. Soon after, the cornea becomes involved, turbid, congested interstitially distended, and assumes a granular appearance; a quantity of yellow or yellowish-green mucus is secreted, which resembles a good deal the secretion from the urethra. In many cases the cornea becomes softened, the humours of the eye flow out, and the eye becomes atrophied. In lighter cases, when the cornea is only partially destroyed, staphyloma takes place. In such cases, help must be afforded immediately, for the destruction of the eye is sometimes completed in twenty-four hours.

§ 308. *Treatment:* If the inflammation should develop itself slowly, it may be proper to give first a few doses of *Aconite*; but the more specific remedy should not be neglected. If the inflammation and swelling should continue in spite of the *Aconite*, if there should be an increase of secretion with burning pains in the eyes, *Mercurius* is probably the first remedy. Next to *Mercurius* we have *Nitri acidum*, or *Hepar sulph.*, unless *Thuja*, *Cannabis*, *Belladonna*, *Aurum*, *Euphrasia*, *Sulphur*, should be required by the symptoms.

§. 309. *Rheumatismus gonorrhœicus.*

This is a peculiar rheumatic affection, especially of the knee and tarsal-joints. The symptoms are the following: The disease sets in either during or after the gonorrhœa; it commences with pain and swelling of the joints, and is generally confined to the knee and tarsal joints, though other joints may likewise be involved. It is seldom the case that two joints are attacked at the same time. The symptoms are most violent when the gonorrhœa is on the decrease, or after it had been suppressed by Cubebs or Copaiva. The joints are generally somewhat swollen and painful, particularly in the evening, in bed. There is scarcely ever any external redness, nor is there any pain on pressure. The pulse is hurried; loss of appetite, derangement of the stomach. Relief is sometimes afforded by a sudden eruption of pustules, papulæ or spots, which remain a few days and then dry up and scale off. The articular affection sometimes sets in after a few days, or after weeks, and even months, and either runs an acute or chronic course.

*Causes:* Opinions differ in this respect. Some authors think the disease is occasioned by a cold, by living in damp dwellings, by an imprudent suppression of the gonorrhœa, metastasis to the joints, reflex-action of the irritated urethra to one or the other portion of the spinal marrow; others consider the disease as something accidental, existing independently of the gonorrhœal disease; others again consider the disease as produced by the action of Copaiva.

§ 310. *Treatment:* In the first volume of this work the reader will find a number of remedies indicated for rheumatism and arthritis, of which a physician may likewise avail himself in this disease, provided the symptoms correspond. One of the principal remedies is the *Balsam of copaiva*, of which I dissolve one drop in 99 drops of alcohol by means of long shaking, and give the patient a drop three times every day in water. I used the medicine when the gonorrhœa and

the articular affection was attended with the breaking out of pustules over the whole body; these indications are sufficient, for the disease yielded in a few days.

If, after the cure of the gonorrhœa, when the urethra was only left closed by a little mucus, the rheumatism was caused by a cold or exposure to wet, while the body was heated, I employed *Colchicum* 3 with great success; the pains in the joints are most violent from evening until day-break.

Some allœopathic writers (A Cooper, Cumaus) recommend small doses of *Terebinthina* for this disease. I have never used it, though it may be a good remedy.

*Thuja* is perhaps preferable whether the disease sets in during or after the gonorrhœa. The Thuja-pains are worse in the warmth, especially in bed, and its curative virtues in sycotic gonorrhœas, and in rheumatic and arthritic affections, especially of the knee and tarsal joints, are well known.

*Sabina*. Both the upper and lower limbs may be affected; small itching pimples which form scurfs after scratching, frequently appear on the affected joints, and the patient feels more comfortable in a cool room than in a warm.

*Manganum aceticum* is useful for rheumatic pains, particularly when digging and shooting pains in the cross-wise affected joints torment the patient, particularly at night, attended with little itching blotches which cause a burning after being scratched.

*Phosphorus* and *Hep. sulph.* are useful in the chronic variety. I refer the reader to the *Mat. Med.* for the symptoms.

### § 311. *Chancres.*

There are many varieties of chancre, though all are of syphilitic origin; they secrete a humour which is capable of transmitting the disease to other persons. Baumès asserts that primary chancre has not a single positive pathognomonic symptom.

The different varieties of chancre may be classed under the following heads, if we take their essential characters for guides :

- 1) *Simple chancre*, including the raised ulcer ;
- 2) *Indurated or Hunterian chancre* ;
- 3) *Phagedenic chancre*, including the so-called diphtheritic, gangrenous and serpiginous varieties.

a) *Simple chancre*. This is most frequent. It is seated on the body of the penis, on the inner and outer surface of the prepuce, and on the scrotum ; it is of the size of from a small pea to that of a shilling-piece.

The simple chancre develops itself in this fashion : first a vesicle or pustule which shortly covers itself with a scurf, which, after falling off, leaves an excavated, oval or circular ulcer, with a lardaceous, dingy-yellow or brown bottom, and sharp edges which are, however, neither very much inflamed, nor callous or raised ; the surrounding parts are of a brown-reddish colour. Neither the bottom nor the edges of the ulcer are hard.

In eight or ten days, the edges and sometimes even the base of the ulcer become raised, exhibiting a sort of spongy growth, and being sometimes considerably raised over the healthy parts (*ulcus elevatum*) ; in spite of this elevation there is no hardness as in the Hunterian chancre ; the pus is of a serous character. There is little pain, or else it lasts but a short time ; it is more painful when seated behind the glans or on the inner surface of the prepuce, than when seated on the glans itself. It may be complicated with bubo and phymosis ; in the latter case it is not easy to diagnose a chancre on the internal surface of the prepuce, as it is impossible to feel any hardness through the prepuce. Unfavourable circumstances may transform a benign chancre to a phagedenic, or gangrenous ulcer.

b) *Indurated or Hunterian chancre*. This is either a primary chancre or it develops itself out of a simple chancre in consequence of bad treatment. This chancre is most frequently seen on the frenulum,

corona glandis, glans, prepuce, body of the penis, and sometimes even on the anterior surface of the scrotum.

This chancre is more or less circular, excavated, of a dark, livid, dingy colour, and a lardaceous, yellow base, without granulations; the edges are hard and thick, the bottom is callous. The induration terminates very suddenly, but may be of considerable extent even when the ulcer is very small. If the ulcer be seated on the penis, it is generally not excavated, the edges and base are less callous, the colour is less livid; on the prepuce the induration spreads considerably. It runs a slow course.

After the chancre is cured, an obstinate induration frequently remains. This is a bad omen, portending secondary troubles which seldom remain away. The indurated part may become excoriated, tear during an embrace, and give rise to an ulcer which may again assume a chancrous appearance.

Secondary symptoms sometimes make their appearance even while the chancre is still existing, such as: syphilitic appearances on the skin, ulcers in the mouth and throat, exostoses.

c) *Phagedenic chancre*. This chancre is either a primary disease, though this is rarely the case, or it develops itself out of a simple or indurated chancre. This variety is characterized by the continuous spreading of the ulcerative destruction, and has two forms, the *diphtheritic* and the *gangrenous*. The former ulcer is covered with a white-gray, pseudo-membranous, seated layer, which detaches itself in pieces, and is reproduced at the expense of the sound parts, so that the destruction keeps spreading more and more. The gangrenous chancre has a livid appearance, is surrounded by a livid areola and covered with gangrenous scurfs of various sizes, which, on being detached, open to view a common phagedenic ulcer that may again become covered with a new gangrenous scurf.

Both kinds of ulcer secrete a thin ichor, of a reddish-brown colour, acrid, frequently sanguineous, and extremely fetid; the surface of the ulcer is uneven as

if corroded, without granulations, sometimes bleeding very readily; the edges are irregularly indented, frequently œdematous, surrounded by dark redness. A phagedenic chancre is generally very painful; the patient complains of a violent burning as from hot coal, of violent stitches and gnawing, and the pains spread to the adjoining parts. There are likewise cases where the pain is very slight, in spite of the spreading destruction. The general organism is sometimes considerably disturbed, pulse 120 to 130, tongue brown and dry, face disfigured; the patient loses his strength, and typhoid symptoms seem to be approaching.

This kind of chancre involves the glans, prepuce, penis, labia, vagina, perineum, buttocks, and keeps spreading, until all these parts are destroyed. The ulcer seldom cicatrizes before the end of the second month, even in the most favourable case, whether the destruction run a rapid or slow course; in many cases the disease lasts from four to eight months and upwards; the ulcer keeping spreading from one part to another, alternately healing and breaking again. A chancre which heals on one side while it keeps spreading on the other, has been termed *serpiginous*; it gets worse under the treatment of Mercury. Buboës rarely exist with a phagedenic chancre; but if they did exist before this chancre broke out, they too become phagedenic.

§ 312. Every chancre may be complicated with phymosis, or, though less frequently, with paraphymosis. Phymosis makes it frequently impossible to diagnose ulcers seated on the inner surface of the prepuce, until they have spread a good deal, or gangrenous destruction of the glans and urethra, or perforation of the urethra, has taken place.

Females are less liable to chancres than males, probably owing to the greater elasticity of the female organs, which protects their mucous membrane from infection. The chancres of females are generally more benign than those of males; the classification is the same.

Primary chancres may be moreover seated at the anus, on the lips, tongue, female breast; exhibiting, of course, different forms, according as the tissue of the parts where the chancres are seated; for instance, ulcers on the glans are, generally speaking, round, excavated, indurated; when seated on soft skin or in loose subcutaneous cellular tissue, the bottom of the ulcer is more elevated, the edges are raised above the adjacent tissues, the base is hard and circumscribed. On the body of the penis the chancre is broad and superficial; on the thighs and calves it has a rounded-off shape, etc.

*Diagnosis*: The exciting cause must tell us whether an ulcer is syphilitic or not; besides, the following characteristic symptoms aid us in determining the syphilitic character of an ulcer: rounded-off shape, sharp edges, lardaceous, whitish bottom, hardness, disposition to spread, swelling of the inguinal glands, etc.

*Herpes præputialis* is distinguished from chancre by its base, which is not indurated as in chancre. On a red spot of the size of a dime, groups of little vesicles, from six to ten, start up, which break and then change to small crusts; the ulcers which thus arise, disappear in a few days. Psoriasis of the prepuce is easily distinguished from chancre by its scaly appearance.

*Prognosis*: Favourable, provided the patient obeys strictly the instructions of his physician, and does not indulge the least excess. A simple chancre most generally gets well without any secondary symptoms. A phagedenic chancre is very difficult to cure, particularly if the patient be infected with dyscrasia, with an impoverished constitution, and living in unfavourable circumstances. The longer the chancre had lasted, the more easily do symptoms of secondary syphilis break out. An indurated chancre is almost always followed by symptoms of secondary syphilis. They rarely set in after the serpiginous or gangrenous variety. (*Canstatt.*)

§ 313. *Treatment.* According to the doctrines of the homœopathic school, a chancre is not a local symptom, but the visible representative of an internal syphilitic disease. A chancre does not make its appearance till the syphilitic miasm has penetrated the whole organism, which, by means of its inherent vital or reactive energies, checks the destructive effects of the poison by compelling it to locate its sphere of action on the external skin within definite limits.

The specific remedy for syphilis is *Mercury*, not only *Mercurius solubilis*, but all the *other mercurial preparations* combined with other chemical substances. These will sometimes effect a cure where *Merc. sol.* leaves us in the lurch. Also in secondary syphilis, and in the diseases which sometimes set in as consecutive diseases of syphilis, *Mercurius* is the principal remedy, although we sometimes have to resort to other remedies on account of the psora and the mercurial symptoms with which we find the syphilitic disease combined.

As regards the action of Mercury, I am entirely of the opinion of Dr. Trinks, that, "in consequence of the slow action of Mercury upon the animal organism, Mercury is very little adapted to diseases that might soon terminate fatally, but only to diseases that run a slow course, and allow the *Mercurius* sufficient time to develop its action. This is the reason why one dose of Mercury will seldom be found sufficient, and why repeated doses of this medicine are required to overcome the inherent slowness of its action, especially in diseases which are deeply seated in the vegetative system."

The specific remedy for a primary chancre is *Mercurius sol.* The cure is effected more or less rapidly according as the patient is more or less sensitive to the action of medicine generally, or according as he had been treated with large doses of Mercury for previous syphilitic diseases. The best dose is one grain of the first or third trit., morning and night. If no improvement should take place within the first eight days, a



lower trit. must be given, should it even be one-third or one-half of a grain of the pure Mercury. If, however, an improvement should have taken place, the medicine may then be given less frequently until the cure is completed. I know very well that a cure can be effected in many cases by the attenuations of *Mercury*, but not near as safely as by the lower preparations.

If the lower as well as the higher preparations of *Merc. sol.* should prove ineffectual, in this case *Merc. præc. rub.* should be exhibited after an interval of from one to two days. I generally use the lower preparations, one-eighth or one-sixth, and so forth, of a grain, three times a day, gradually descending to the lowest preparations, if necessary.

If it should be an elevated chancre, *Merc. præc. rub.* may be employed from the commencement; and, if the middle portion of the chancre should be raised so as to give rise to the supposition that a condyloma is forming, *Cinnabaris*, first trit., should at once be resorted to, the patient taking several doses a day. If the chancre should not entirely disappear after *Cinnabaris*, *Thuja* should be given, not too high, and, if necessary, *Nitri acid.* after *Thuja*.

The presence of Phymosis and Paraphymosis does not alter the treatment of simple chancre.

§ 314. *Continuation of the treatment of chancre.* In the Hunterian chancre the hardness does, in most cases, not set in till a few days after the appearance of the chancre. The treatment is, at first, as above described. Only when the hardness sets in, it might perhaps be necessary to change the medicine; but this has to be done very carefully, lest the patient should be injured by the improper substitution of one remedy for another. Select your remedy with care, and then give it a fair chance to do all the good it can.

*Merc. sol.* will sometimes be found sufficient, but the *red precipitate* will generally have to be resorted to. This chancre is sometimes attended with consecutive symptoms, such as ulcers in the throat and

fauces, even while the primary ulcer is still existing. It seldom gets well under forty to fifty days. Avoid all improper hurry. I give a dose of the above-mentioned remedies morning and night, and discontinue them as soon as the consecutive symptoms make their appearance. Then I give *Hep. sulph.* first or second trit., and if this should not be sufficient, *Nitri acid.* This treatment is generally sufficient, and nothing remains except the local chancre, or even this symptom may have disappeared, and nothing may have been left except a remnant of the tuberculous disorganization. For this I give the *Iodide of mercury*, second or third trit., at first at short, and then at longer intervals, continuing it until the indurations have entirely disappeared. I have tried *Calomel* for the consecutive symptoms, but with no good effect, for ptyalism set in even after the smallest doses; it is perfectly suitable, however, when ptyalism accompanies the above-mentioned consecutive symptoms. In cases where the velum palatinum is sore and ulcerated, with painful burning, *Acid. phosph.* is preferable to *Nitri acidum*.

§ 315. *Continuation of the treatment of chancre.* The phagedenic chancre, this most destructive form of the disease, demands a most energetic treatment. I formerly believed, with other physicians of our school, that this chancre derived its destructive properties from its complication with scrofula or herpes; but experience has taught me better. Prescribing upon this supposition, I have allowed the fauces to be destroyed by ulcers, the nasal bones to become involved, the syphilitic ulcers to spread over the whole body, to enlarge and to discharge a cadaverous ichor with a cadaverous smell. The patients scarcely looked any more like human beings, suffering dreadful pains, with swelled bones or the bones destroyed by ulcers. No remedies will do for this kind of chancre except *Mercury*, but it must be given in proper doses; the organism must be saturated with *Mercury* to overcome the dire enemy. Be not afraid of aggravations; away

with this foolish bugbear, and even if some medicinal symptoms should develop themselves, what is that to the patient, provided he gets well of his disease? But these symptoms will be found to amount to very little, if anything.

The best mercurial preparation to be employed in the treatment of phagedenic chancre, is *Merc. præcip. rub.* in substance. Some physicians use *Cinnabaris* for chancre; whether it is of use in the treatment of phagedenic chancre, I am unable to say; it seems to me, however, that it can only be used in the incipient stage of the ulcer. At a later period, more energetic and penetrating mercurial preparations have to be used. Among these, *Calomel* is excellent, were it not for the ptyalism which it is apt to excite, and for the illusory disappearance of the ulcer under the action of this agent. For these reasons I resort to *Merc. corros.*, commencing with one-tenth of a grain several times a day, and increasing the dose gradually until the spreading of the chancre is arrested. Should the patient have taken much *Mercury*, it is well to interpolate a few doses of *Acidum nitri* before continuing the Mercury. If, however, the Corrosive sublimate should not suffice, then the physician will have to choose between *Merc. præc. albus* and the *Iodide of mercury*.

For serpiginous chancre, I propose *Thuja* as the best remedy.

Chancres on other parts of the body, anus, lips, mammæ, require the same treatment as that which has been indicated in the last three paragraphs.

If the treatment which I have indicated for a phagedenic chancre should prove fruitless, this would be a sure sign that the disease is complicated with psora, scrofula, etc. In this case, *Hep. sulph.*, *Sulphur*, *Cautic.*, *Aurum mur.*, *Merc. nitros.*, *Dulcam.*, *Acid. phosp.*, *Staphys.*, *China*, etc., are required as intercurrent remedies. In an extreme case, I would not hesitate to use Zittmann's decoction.

### § 316. *Syphilitic buboes.*

They are commonly found among the superficial, seldom among the more deep-seated inguinal glands. They generally appear the second week after the breaking out of the chancre, are sometimes preceded by a chill, and set in with a slight pain in the inguinal fold, extending down the thigh and impeding the use of the lower limbs. Shortly after, a gland begins to swell, which is at first movable under the skin, having a globular or flat-oval shape, and being painful to pressure. Sometimes the lymphatic vessels extending from the chancre to the gland, are inflamed. Little by little the gland enlarges, becomes immovable, and the skin which covers it becomes red, cherry-brown. The swelling is either dispersed or else the gland suppurates under homœopathic treatment.

The bubo requires the same treatment as the chancre. It disappears with or before the chancre; but, if the chancre should get well first, another mercurial preparation would have to be chosen for the bubo; or, if the patient should have been drugged with Mercury, some suitable antidote, or some antiscrofulous medicine, if scrofula should complicate the syphilitic disease. I do not deem it necessary to repeat the various remedies which might be required for these different contingencies.

### § 317. *Syphilitic excrescences, condylomata, Hahnemann's sycosis.*

According to Hahnemann, sycosis is a disease caused by a particular virus, not syphilitic, and generally, but not always, accompanied by a discharge from the urethra. It is probable, however, that sycosis is a syphilitic disease, though not curable by Mercury.

The phenomena which characterize this disease we will designate by the term "*syphilitic excrescences.*" These are the vegetations of the skin and mucous membranes known as *venereal warts, figwarts, condylomata, mucous tubercles*, etc., which are nothing but hypertrophies of the subcutaneous or submucous cel-

lular tissue. If covered with a thick epidermis, they are dry, horny, and are called *venereal warts*; if covered with a thin pellicle, or none at all, they are soft, moist, secrete a peculiar, acrid fluid, and then belong to the class of *moist condylomata* or *mucous tubercles*.

Condylomata are either *flat*, with a broad basis, or *pediculated*, *conical*. This depends upon locality, warmth, greater or lesser degree of humidity, friction. The flat condylomata consist in a soft, superficial, almost circular elevation of the cutis, smooth on the surface; they are the more frequent, and are generally found between the buttocks, around the anus, on the perineum, thighs, scrotum, on the skin of the penis, especially where it covers the scrotum, and on the outer surface of the labia.

The acuminate, pediculated condylomata are small, sometimes from one to two lines long, thread-shaped, forming groups shaped like the crest of a cock or a strawberry; they spread very rapidly and sometimes cover a large surface; they are less frequent, but more obstinate; they are generally found on the inner side of the prepuce, on the clitoris, at the entrance of the vagina, on the nymphæ, even higher up.

There are *pin-shaped* condylomata, seated on the border of the glans, and on both surfaces of the lesser labia.

The more delicate, vascular and nervous the tissue of the condylomata, the more obstinate their course. They secrete a peculiar, fetid, acrid matter, which gives rise to new condylomata on the adjacent parts. They are generally very little painful, sometimes, however, a good deal; on open parts of the skin they look much paler than on those parts which are not exposed to the light and air.

#### § 318. *Treatment of syphilitic excrescences.*

According to Hahnemann, the best mode of treating sycosis is the following:—A few pellets of *Thuja* 30,

to be allowed to act for thirty or forty days, and to be followed by a few pellets of *Nitric acid*. 9, to be allowed to act equally as long. In bad cases, the excrescences may be touched once a day with the essence of *Thuja*.

It is true that *Thuja* and *Nitric acid*. are the best remedies for syccosis, but not in such small doses as have been prescribed by Hahnemann; much less should the so-called high potencies be relied upon; these are positively useless in the treatment of syphilitic diseases.

Physicians still differ in their opinions about the use of one or the other of these two remedies in syccosis. According to my observations, *Thuja* is suitable for condylomata attended with gonorrhœa, for such as develop themselves out of chancres (not quite certain) and for flat condylomata with a broad basis; the two latter varieties require the external application of *Thuja*. According to Attomyr, on the contrary, *Thuja* corresponds to condylomata which are not humid at first, but become so afterwards, and, in shape, resemble the cauliflower.

*Acid. nitri.* seems to be the specific for pediculated and pin-shaped condylomata. The larger, readily bleeding condylomata, which, by their rapid growth, are apt to induce phymosis, should at the same time be touched with a solution of *Argent. nitric.* There is a kind of condyloma which develops itself out of a boil-shaped ulcer on the prepuce; the ulcer has a dark blue, greasy bottom, and covers itself with a crust under which an ichor is secreted which causes the ulcer to spread more and more. After the falling off of the scurf, we perceive enormous abnormal granulations which at once reveal the true character of the excrescence. In two cases, the whole disease disappeared in a few days after the use of *Acid. nitr.* Six or eight weeks after, I saw the patients again, and other fresh-looking condylomata had started up behind the glans. I could not tell whether these were a new development of the old disease, or the result of

a recent infection. They were pediculated, and yielded to *Sabina* 1, very readily.

*Sabina* is an excellent remedy for condylomata ; I generally give it when *Thuja* and *Nitri. acid.* are ineffectual ; it seems to rank with *Nitr. acid.*

*Cinnabaris* is suitable for condylomata which develop themselves out of chancres, particularly when pediculated and readily bleeding. I have used *Euphrasia* for stinging or burning pains in the figwarts.

*Acid. phosph.*, *Staphys.*, *Lycop.*, seem to have some relation to figwarts, but I am unable to say where these remedies should be used.

### § 319. *Secondary Syphilitic diseases. Syphilides.*

Generally speaking, condylomata and cutaneous excrescences. They sometimes appear even during the existence of the primary chancre, sometimes, however, not till months and years have elapsed.

The principal forms of these secondary syphilitic diseases are, scales, tubercles, maculæ, pustules, vesicles.

#### *a. Maculæ. Roseola syphilitica.*

These are irregular, circular, measles-shaped, copper-coloured spots, momentarily disappearing under the pressure of the finger ; they frequently spread over a large portion of the body, disappear at one place and reappear again at another ; they generally appear on the neck, head, face, and fall off in bran-shaped scales ; they are generally attended with primary syphilitic symptoms, and sometimes disappear without treatment.

#### *b. Papulæ. Blotches, Lichen syphiliticus, venereal itch.*

These are copper-coloured spots, from the surface of which start up papulæ without itching, of a gray, brown, or brown-violet colour, small and conical, or large and spherical ; at times they appear in groups like lichen, at others they are scattered. This eruption generally appears on the upper extremities, the back, shoulders, forehead, scalp, and abdomen. The

blotches scale off after a time; the papulæ, on the contrary, leave a yellow, brown-violet spot on the skin, which disappears after a while. The tip sometimes suppurates; or obstinate scales and scurfs form on the papulæ; or they increase to the size of tubercles. This excrescence is likewise frequently accompanied with primary syphilitic diseases, and is sometimes difficult to cure.

*c. Scales, Lepra et psoriasis syphilitica.*

Of these we have the following varieties:—

*a. Psoriasis syphilitica guttata*, (see § 30, vol. II.)

These are small, circular, lentil-sized, copper-coloured spots, somewhat raised on the skin, gradually covering themselves with small, dingy-white, or grayish scales surrounded by a white border; after the scales fall off, the skin is still a little raised and dark-red.

*β. Psoriasis syphilitica diffusa.* Larger, round, or irregular, yellowish, pale-red or copper-coloured spots, covering themselves with scales; in the centre of the spots a little ulceration sometimes forms, covered with a black crust; the scaly part frequently appears fissured. The former variety is almost always seated on the scalp, the latter on the trunk, extremities, scrotum, anus, scalp. On moist parts, a clear serum is discharged from these spots, after which superficial ulceration or condylomata take place.

*γ. Psoriasis syph. plantaris et palmaria.* Shining, hard, dingy-gray or blackish scales, seated on small, round, as it were horny spots, with a pale-red or indistinctly-coloured bottom.

*δ. Lepra. nigricans.* Rare. Circular spots of different sizes, of a dingy or blackish colour, pitted in the centre. After the falling off of the little scurfs, a slightly swollen spot remains, which looks like the scurf, and retains its colour for some time.

*ι. Psoriasis syph.* frequently invades the finger and toe-nails, and causes them to fall off, (*onychitis syphilitica*;) the nail is not reproduced with a regular shape.



*d. Pustules, ecthyma syphiliticum.*

Large pustules, with brownish areolæ, generally isolated, sometimes flat; give rise to an ulcer which is not very deep, and covers itself with a blackish, not very thick crust. Sometimes, however, thick crusts form, which are reproduced several times, and on falling off, leave deep ulcers (transition to rhyphia). They are principally seen on children with congenital syphilis, on the buttocks, on the upper and internal surface of the thigh, on the genital organs.

There is a species of impetigo syphiliticum, the pustules not being isolated, but forming groups. These pustules likewise give rise to badly-looking ulcers and ugly cicatrices.

*e. Bullæ. Rhyphia syphilitica.*

The pustules may become transformed to rhyphia by means of the scurf which covers them increasing in thickness from below, and assuming the shape of an oystershell. After the falling off of the scurf, an ulcer discharging a dingy ichor, with callous edges and surrounded with a livid skin, makes its appearance. Sometimes the rhyphia commences with large pustules containing a thin, bloody serum with a fetid smell, and giving rise, after breaking, to the above-described thick crust. It is rare that there are a number of pustules, and they are of the size of a hazel or walnut. The rhyphia-ulcer may penetrate to the bone and cause caries; it is attended with general cachexia, livid appearance, sometimes with a phagedenic ulcer in the throat, on the genital organs, frequently even with periostitis, rarely or never with iritis syphilitica. Individuals, even when robust, that are attacked with this form of syphilis, emaciate very rapidly.

The above-described syphilitic cutaneous eruptions may leave secondary syphilitic cutaneous ulcers changing to the various forms of chancre, penetrating deep into the parts, destroying fibrous, cartilaginous, osseous tissues, destroying even the nose and denuding the cranium.

*Rhagades* are oblong, badly looking, sometimes very

painful, ulcerated fissures which frequently arise from pustules, with hard edges and a grayish bottom, principally seated between the fingers and toes and at the anus. Partial *falling off of the hair* is very frequent; alopecia much less so.

§ 320. *Treatment of secondary syphilis.* Mercury is the principal medicine for these secondary syphilitic eruptions, and for the syphilis, of which they are mere symptoms. Allœopathic physicians use Iodium and Sassaparilla for these eruptions, which homœopathic physicians only use for syphilis complicated with mercurial symptoms. The principal mercurial preparations which are of service in the treatment of these secondary syphilitic diseases, are: *Merc. præcip. rub.*, *Merc. corr.*, *Cinnabaris*, *Merc. nitros.*, though the other preparations may likewise be useful. Beside these preparations, we have: *Thuja*, *Nitri acid.*, *Hepar sulph.*, *Clematis*, *Staphys.*, *Phosphor. acid.*, *Mezereum*, etc. (See cutaneous eruptions at the commencement of this second volume.)

§ 321. *Secondary syphilitic affections of the mucous membranes.*

There are likewise syphilitic spots, pustules, tubercles upon the mucous membranes as upon the skin, except that they cannot be distinguished as clearly on account of the mucous membrane not being provided with a firm epidermis. These affections are best divided into two groups, *pustulous* and *exanthematous* or *condylomatous*.

The pustulous form is principally seen on the mucous membrane of the tonsils and the posterior portion of the fauces; sometimes it is likewise seen in the inner nose and larynx, at the rectum, rarely somewhere else. It frequently co-exists with pustulous eruptions on the skin. The ulcers on the mucous membrane are excavated, with a white bottom, sharp edges, red border; they frequently cause frightful

disorganizations, eating away the uvula, soft palate, bringing on caries of the nasal bones, vertebræ, etc.

The so-called exanthematous ulcer of the mucous membrane is generally seated on the arch of the palate, the inner surface of the cheeks and lips, on the tongue; much less frequently on the tonsils, the inner nose, in the larynx or rectum. This ulcer is never excavated like the pustulous ulcer; the ulcerated surface is white, papescent, surrounded by a small red areola. On the dorsum of the tongue, on the tonsils, these ulcers sometimes give rise to condylomata, which may even make their appearance on the outer larynx. These ulcers generally are attended with condylomata and a scaly eruption, rarely with an affection of the bones; sometimes with diseases of the testicles and eyes. At first we sometimes do not discover anything but an erythematous angina without ulceration; the mucous membrane is red, interstitially distended, traversed by varicose vessels, and parts of it are covered with a layer of tenacious mucous or white lymph. This simple syphilitic angina sometimes precedes the chancres in the throat.

These chancres spread to the nasal cavity, where they induce destructions as well as in the bony palate. They likewise destroy the vertebræ, and by eating into the carotid and lingual arteries, they induce fatal hæmorrhage. By invading the Eustachian tube, they occasion temporary or permanent deafness; if invading the larynx, they lead to phthisis laryngea. The remaining cicatrices are much whiter than the mucous membrane, resembling the cicatrices of burns; they frequently cause dragging, drawing pains, especially when there is a change in the weather. The speech is altered, nasal. Phagedenic ulcers in the throat exist simultaneously with rhyphia-ulcers on the skin, are attended with rapid emaciation, cadaverous complexion, and are succeeded at times by colliquation, at others by hectic fever.

The secondary syphilitic can be distinguished from the mercurial ulcers in the mouth and throat by the

following symptoms: the latter are generally seated on the inner surface of the cheeks, on the edges of the tongue; they do not spread, like syphilitic ulcers, from behind forwards, but in an opposite direction, spread more rapidly than syphilitic ulcers, have a whitish, almost milky, not grayish-dingy bottom, and are not surrounded by erysipelatous redness.

§ 322. *Treatment*: The mercurial preparations are the specific remedies for these affections. The kind of preparation must be left to the judgment of the physician. But he will have to act with energy to counteract the destruction which sometimes progresses very rapidly in these tissues, and, to attain this purpose, he will sometimes have to use local means, such as gargling the throat with a *solution of corrosive sublimate*. If complicated with mercurial symptoms, I used *dilute nitric acid* for the same purpose, or the *liquor hydrargyr. nitros.* If detached bones are in the way of a cure, they have to be removed by surgical means.

The selection of the remedy does not depend upon the seat of the ulcer, nor upon the sensations experienced by the patient, but upon the nature of the ulcer. A *mercurial preparation* will have to be used, and the medicine will have to be given in much larger doses than we are in the habit of doing, otherwise fauces, mouth, nose, etc., will all go to destruction. The remedy is sometimes indicated by the attendant syphilitic appearances in other parts of the body; for instance, *Merc. præc. rub.*, *Cinnabaris*, *Merc. nitros.*, *Nitri ac.*, and *Thuja*, are required when out of the secondary exanthematic ulcer, whether the Hunterian or phagedenic chancre, condylomata have developed themselves. If accompanied with bullæ, rhyphia, *Merc. corros.* is the principal remedy, unless *Merc. præc. rub.* or *alb.* is more specifically indicated. If complicated with mercurial ulcers in the mouth and throat, *Iod.* and *Nitri ac.* deserve a preference.

If, after the secondary syphilitic ulcer is cured, there should be still a remnant of the secondary syphilitic

eruption, some other medicine will have to be chosen for the latter. Lepra and psoriasis syphil. will frequently yield to *Dulc.*, *Clemat.*, *Lycop.*, *Mezer.*, *Calcar.*; the scurfy eruption to *Lycopod.* and *Calc.*, or to *Conium*, *Psorin* (?), *Graphit.*, *Ranunc.*, etc.

It is almost impossible to indicate a remedy for single syphilitic symptoms. The medicine should always be selected in accordance with the totality of the symptoms. The following paragraphs will furnish some further indications in reference to the selection of proper remedies.

§ 323. *Secondary syphilitic affections of the osseous, cartilaginous and fibrous systems.*

These syphilitic affections of bones generally appear after the secondary affections of the skin and mucous membranes, and have therefore been called tertiary symptoms. This generalization is, however, incomplete. Months and even years frequently intervene between the primary symptoms and the affections of the bones, which, in most cases, announce themselves a long time previous by *bone-pains*, from which the subsequent syphilitic affection cannot, however, be prognosticated, although the concomitant circumstances and the origin of these pains might justify such a diagnosis.

The bone-pains are at first vague, resembling rheumatic pains, coming and going, not confined to one bone; they are boring, gnawing, generally continuing from evening till early in the morning, when they abate after the breaking out of a pleasant sweat.

The syphilitic affections of bones are: soft and hard swellings of the periosteum. (*gumma* and *tophus*), *exostosis*, *caries* and *necrosis*. They occur most frequently on bones that are only covered by the skin, such as tibia, fibula, bones of the forearm, nasal bones, cranium, upper jaw. The swellings of the periosteum are small, of a doughy (*gumma*) or hard feel (*tophus*); they are seated on the surface of the bone, extremely painful, leaving the integument unaltered. Both

swellings arise after periostitis, tophus between periosteum and bone, gumma between periosteum and aponeurosis.

Secondary syphilitic affections of the nasal and palatine bones are most frequent. They disfigure the face in the most horrid manner, unless the destruction is speedily arrested. Every one of the bony and cartilaginous constituents of the nose may be destroyed. Generally one side of the nose swells first, becomes red and erysipelatous; a serous fluid is discharged from the nose, (*ozæna syphilitica*.) which is sometimes bloody, incrustating, sometimes purulent or ichorous, having a fetid smell and mixed with black bony particles; the soft parts gradually cave in, and, if the cartilage should be destroyed likewise, the nose is gone. If the destruction should proceed from the arch of the palate, the ossa palati remains sound; the palate is perforated, the voice becomes nasal, deglutition is difficult, on account of food and drink getting into the nasal cavity.

Cartilages, especially the sternum, are likewise invaded by secondary syphilis; they become inflamed, swell, ulcerate, and necrosis sets in. This is likewise the case with the cartilages of the larynx, which gives rise to phthisis laryngea syphilitica.

§ 324. In secondary syphilitic affections of the bones, the osteocopic pains are the real object of cure, for as soon as the pains have disappeared, the disease itself may be supposed to have left likewise. If, however, a remnant of the disease should still exist, the same remedy should then be continued until every vestige of pain and disease has disappeared. In osteocopic pains, three cases may occur: uncomplicated secondary syphilitic affections of bones, or complicated with mercurial symptoms, or, mercurial pains alone. The physician will have to discover by careful observation to which of these three classes the pains belong.

*Iodum* and *hydriodate of potash* are excellent remedies for bone-pains complicated with mercurial symptoms. For uncomplicated syphilitic bone-pains we

have *Asa.*, *Aurum.*, *Hepar sulph.*, *Nitri ac.*, *Phosphor. ac.*, *Silic.*, *Mercur.*, etc.

*Mercurius* is the principal remedy for uncomplicated syphilitic bone-pains or syphilitic caries; and if mercurial symptoms should be present, the *Iodide of mercury* may be given. *Mezereum*, *Lycop.*, *Mangan.*, *Sulph.*, *Calc.*, *Staphys.*, should not be forgotten.

For purely mercurial osteocopic pains, I recommend *Opium*, *Dulc.*, *China*, *Carbo. veg.*, *Guajac.*, *Sassapar.*, *Arsen.*, *Sulphur*, *Nitri acid.*, etc., also small shocks of positive electricity. I am unable to furnish more particular indications for the use of each particular medicine, and have to rely upon the judgment of the physician to supply this deficiency.

§ 325. *Secondary syphilitic affections of the eye.*

This affection always appears in combination with syphilitic cutaneous affections. Iritis syphilitica attends more frequently exanthematic than pustulous secondary syphilitic affections. The usual attendants of iritis are the small crusty pustule, the desquamating papula, or a scaly eruption. There are two forms of syphilis in the eye.

1. *Conjunctivitis syphilitica*. It is known by the peculiar, sharply circumscribed, brick-red vascular wreath in the conjunctiva and sclerotica, where the cornea is inserted in the sclerotica, appearing surrounded with a vascular wreath of a line in breadth; there is great photophobia and an intense pain in the adjacent parts of the eye.

2. *Iritis syphilitica*. Characterized by contraction of the pupil, immobility of the iris, which protrudes towards the cornea like a pad, profuse lachrymation, acute pains in the orbital region, change of colour; this disease is frequently induced by condylomatous excrescences, which likewise produce striking alterations in the pupil.

The principal remedies for such affections are: *Aconite*, *Bellad.*, *Mercur.*, *Thuja*, *Cannab.*, *Hep. sulph.*, *Conium*, *Nitri acid.*, *Clematis*, etc.

§ 326. *Syphilis neonatorum s. congenita.*

The infection of the fetus or infant takes place in the following manner:

1. Father or mother, or both parents, are afflicted with primary or secondary syphilitic symptoms at the time when they are engaged in the act of propagation, thus communicating the disease to the germ; such a fetus seldom arrives at a full period, but generally dies in the fifth or sixth month in the uterus, producing miscarriage.

2. Only the mother is syphilitic, infecting the fetus during pregnancy.

3. The mother is affected with primary syphilitic symptoms of the genital organs, discharge, chancre, condylomata, infecting the child while passing through the vagina. In such a case, the syphilitic symptoms make their appearance a few days or weeks after birth.

4. If nurses or mothers are affected with primary syphilitic rhagades, ulcers of the nipples, similar ulcerations will break out on the lips or in the mouth of the infant, and *vice versa*.

*Phenomena of secondary syphilis of new-born infants.*

If the child is born with syphilis, the skin generally has a light-brownish or dingy-straw-coloured appearance, the epidermis is easily detached, as on parts in a state of decay, or else it is raised in blisters; the muscles are soft, flabby, the children are exceedingly small, impoverished, they look old; their voice has a piping sound, the nose is stopped, the corners of the mouth are putrid.

If the disease break out after birth, this generally takes place two months after the birth of the infant. Wallace furnishes the following description of it: "In the first weeks, the disease looks like measles. On the face, the eruption is frequently confluent, and the scales are so thick that the eruption looks like psoriasis. On the nates, the eruption is likewise strongly marked, and speedily terminates in ulceration when the children have an impoverished constitution.



If the disease should break out still later after birth, condylomata make their appearance on the sexual organs, rhagades in the corners of the mouth, superficial suppuration of the mucous membrane of the lips, mouth, ulcers in the throat, and the voice is almost always altered, with difficulty of breathing through the nose. The older the child, the more frequent the condylomata, rhagades in the corners of the mouth, ulcers in the fauces and on the mucous membrane of the mouth." Sometimes there is otorrhœa, iritis, periostitis. Hufeland thinks that congenital syphilis frequently appears in the shape of scrofula.

*Prognosis.* Not very favourable; the disease is curable, but weakly children die of it very often.

§ 327. *Treatment of congenital syphilis.* If the parturient female should be syphilitic, the vagina and vulva should be greased, the child should be disengaged as soon as possible, and, after birth, should be washed very carefully, especially the eyes, inner mouth, and the different orifices of the body and the folds in the skin; it is likewise necessary to examine the child every day in order to meet by proper treatment whatever syphilitic symptoms may make their appearance.

If the child should still be at the breast, it is best to give the medicine to the mother or nurse.

If the medicine be given to the child, a high preparation of *Merc.sol.* is sufficient; if the mother, on the contrary, take the medicine, a lower preparation should be given.

It frequently happens that a homœopathic physician is called upon to treat children that have already been under allœopathic treatment. In this case, the physician must examine with great care what course had been pursued by the allœopathic physician; for it is more than probable that the large doses of mercury with which the little patient had been dosed, have produced mercurial symptoms. It is the fashion of allœopathic physicians to give large doses of Mer-

cury even when there is no positive proof of syphilis, and the homœopathic physician is afterwards called upon to relieve the little patient of the horrid disease which the destructive action of syphilis and Mercury had occasioned.

If the disease had been getting worse under the action of Mercury, this would be a sure sign, that mercurial symptoms had developed themselves. The prognosis is rather doubtful.

If the little sufferer should be attacked with stomacace, or angina mercurialis; if the soft and hard parts should even be partially destroyed; *Aurum* 3 would be the most efficient remedy to stop the further destructive effects of Mercury. *Aurum* should be followed by *Hepar. sulp.* 2d or 3d. If the mercurial disease have been caused by *Calomel*, a dose of *Merc. sol. Hahn.* or of *Mercurius vivus*, or, still better, of *Merc. sublim. corros.*, may occasionally be given. If the stomacace should be accompanied with dysphagia, or with an immobility of the jaws, swollen, retreating, spongy gums, ptyalism, etc., *Belladonna*, *Dulcam.*, and *Acid. nitri.* should be resorted to.

For caries of the nasal bones, give *Aurum*. For caries of other bones, swelling of single parts of cartilage, thickening of the periosteum, especially when these symptoms had been made worse by Mercury, give *Asafoetida*. It is therefore eminently useful in scrofula mismanaged by Mercury. *Mexereum* and *Acidum phosphor.* rank with *Asa*. If time permits, a dose of China may be given before the above-mentioned remedies are used.

For suppurating lymphatic swellings or for other suppurating ulcers, *Pulsat.*, *Acid. phosph.*, *Silicea* or *Carbo veg.* will be found very useful.

*Cicuta virosa* is likewise very useful in painful glandular indurations and other pains produced by Mercury.

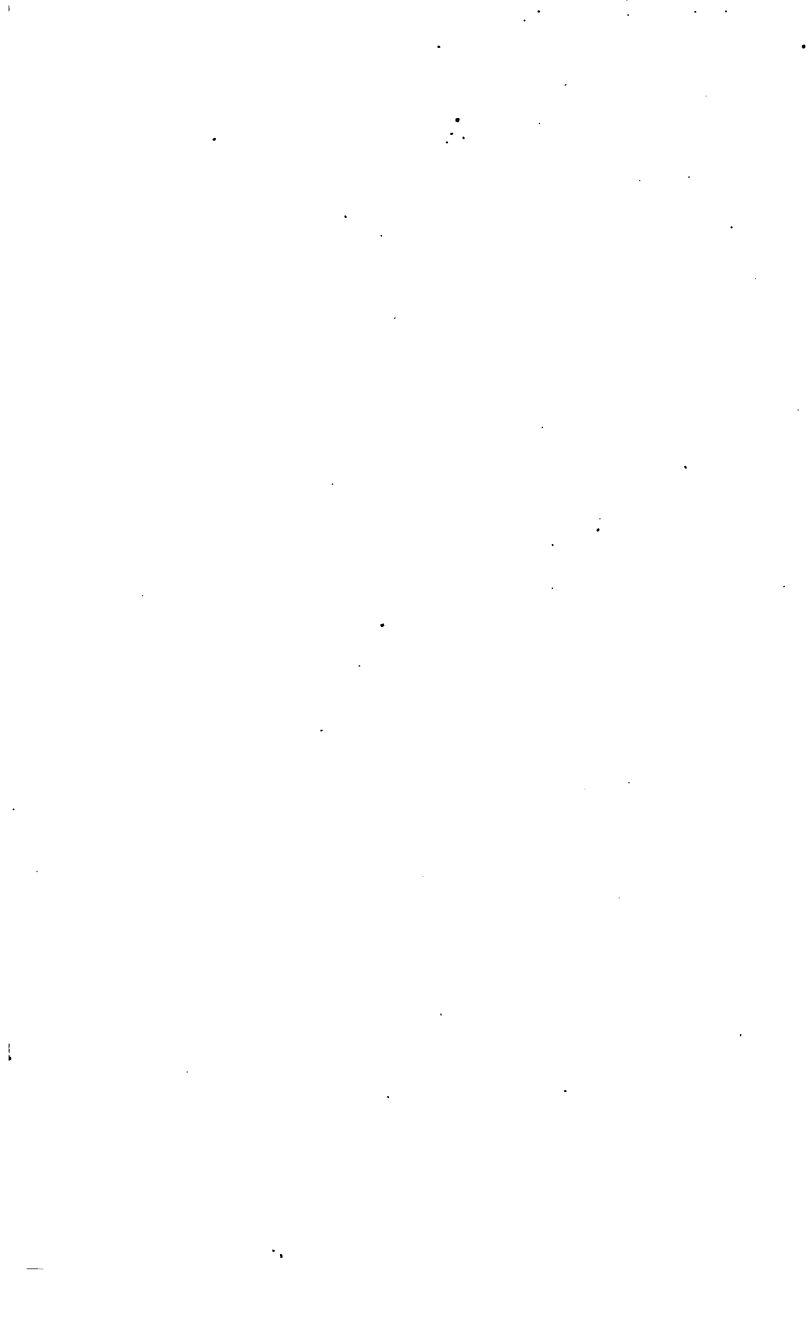
*China* should always be given first when the following symptoms are present: great sensitiveness for external irritating causes, spasms, tremour, and other

nervous symptoms, restlessness, want of appetite and sleep, loathing, cold extremities, pointed nose, livid face, hectic fever, with great prostration and thirst, small, hard, quick pulse. After *China* may be given *Ferrum*. Perhaps a few doses of *Spiritus nitri dulcis* will be found very useful at first. For the profuse and obstinate sweats or night-sweats, *Phosphoric acid* will, next to *China*, be found very useful.

For all the above-mentioned mercurial symptoms, *Dulcam.*, *Acid nitri.*, *Sarsapar.*, are excellent remedies, and deserve honourable mention even as intercurrent remedies.

For *syphilis congenita* without mercurial complications, the well-known mercurial preparations are the specific remedies, except that the dose has to be adapted to the age and constitution of the patient. All the various remedies which have been named in these chapters on syphilis, correspond both to syphilitic and mercurial affections.

THE END.



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